FOR

- STATE

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

26-HOUR

IF UNDER 24 HRS.

IF UNDER 1 YEAR

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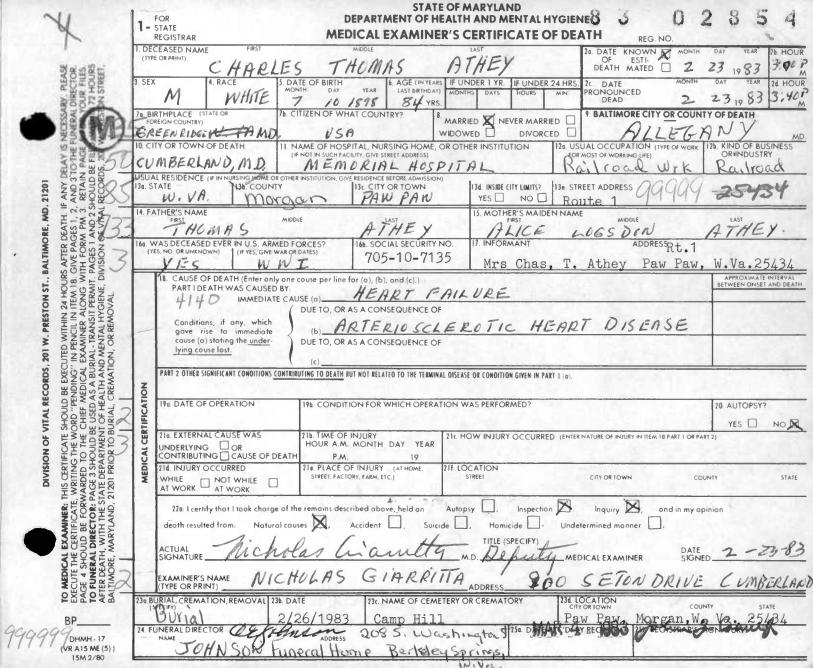
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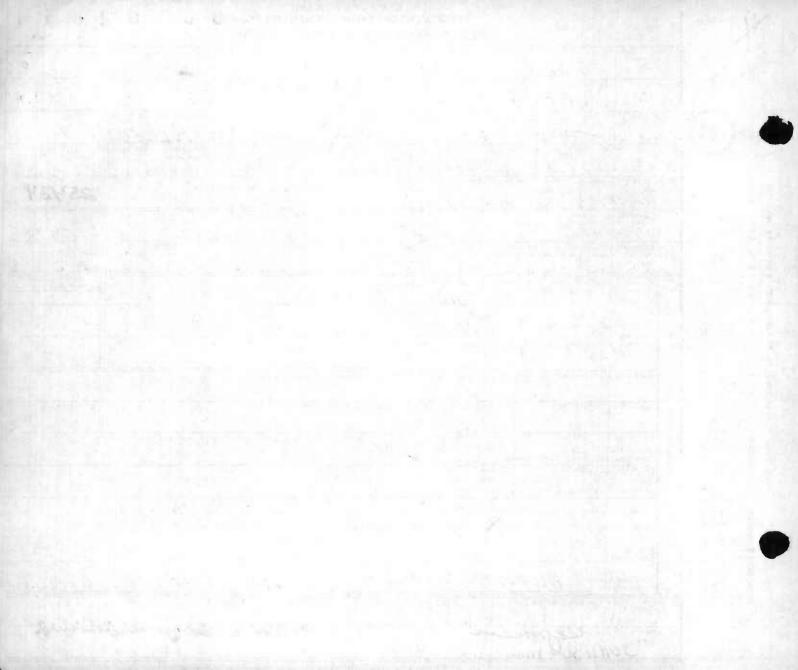
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

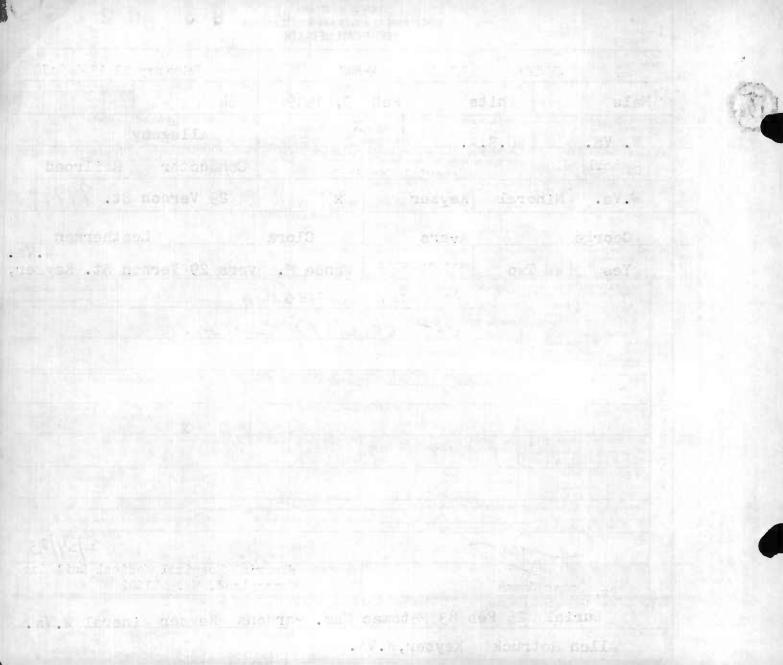
Burial Feb 28.1983 | Hillcrest Burial Park Cumberland Allegany Maryland BP. 404 Decatur St 24. FUNERAL DIRECTOR DHMH - 16 50M 4/B2 Silcox-Merritt Funeral Service. Cumberland . Md (VRA 15, 4)

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(VRA 15, 4)

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME LAST 20 DATE OF DEATH MONTH 2b. HOUR TYPE OF PRINTS 7:00 PAULTNE. February 1, 1983 ADEL BOWLES. D.M 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS. 5. DATE OF BIRTH IF UNDER 1 YEAR 4 RACE 1916 Dec. Female White 66 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Virginia Allegany USA WIDOWED DIVORCED F 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE Ret. Clerk/typist. Gas. Co. Memorial Hospital Cumberland USUAL RESIDENCE (IF NURSING HOMEOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
131. CITY OR TOWN 13.912 Pine Road 13d. INSIDE CITY LIMITS? hla Kanawh 15 MOTHER'S MAIDEN NAME 4. FATHER'S NAME HIDDLE Paul Reynolds Ethel Bishop ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT LYES. NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) 232-50-3137 Sondra Ridgelev 18. CAUSE OF DEATH (Enter only one cause per line fol (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES [NO T verial-transit p 21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER PART 1 OR PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) Me 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY TY OF TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22s.I certify that (I) (this hospital) attended the deceased from that my) (our) apinion death occurred on the date and hour and from the causes stated DEGREE THE DATE SIGNED THE SIGNATURE ATTENDING DIRECTOR PHYSICIAN 22 PHISTIAN'S NAME ITHE OFFENS 22e. ADDRESS Memorial Hospital Medical Building Dr. Guy Fiscus Cumberland, MD 21502 23d. LOCATION 23g. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial Ashby Mineral Ashby CemeteryFt 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 50M 4/82 William G. Kight, Cumberland, Md. (VRA 15, 4)

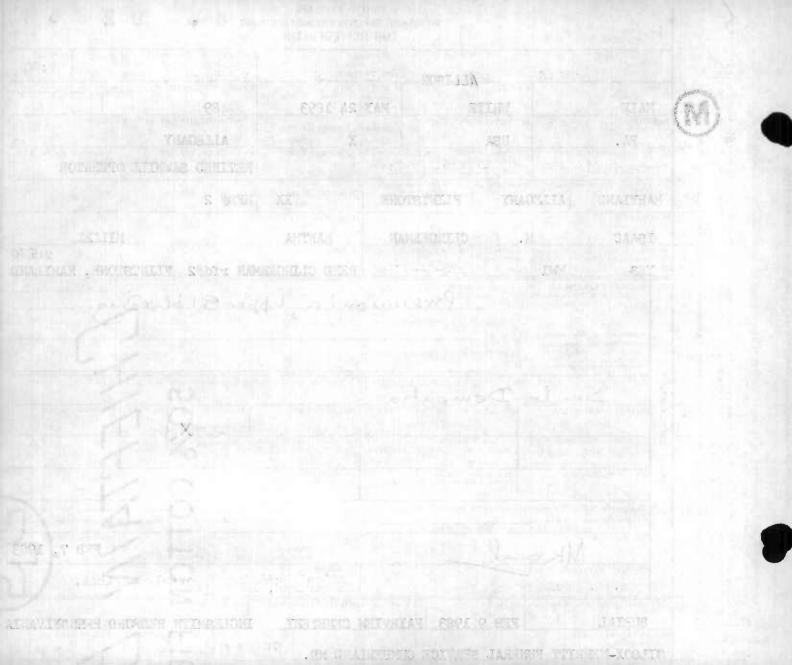
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l is mort		220.1 certify that (1) (this hasp	tal attended the deceased from	19 33, and that in (my) (aur) apiniar	n death occurred an the date	, 1983, that (I) (we) last
f. If hem 2		abave, (I) (we) (did) (did no	t) view the bady after death.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	224. DATE SIGNED
		22d. PHYSICIAN'S NAME (TYPE	4 -0	22e ADDRESS		JMB. , MD. 21502
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IMPORTANT	23o. E	SPIGGLE, WA		NAME OF CEMETERY OR CREMATORY		ASPUNTY ME.

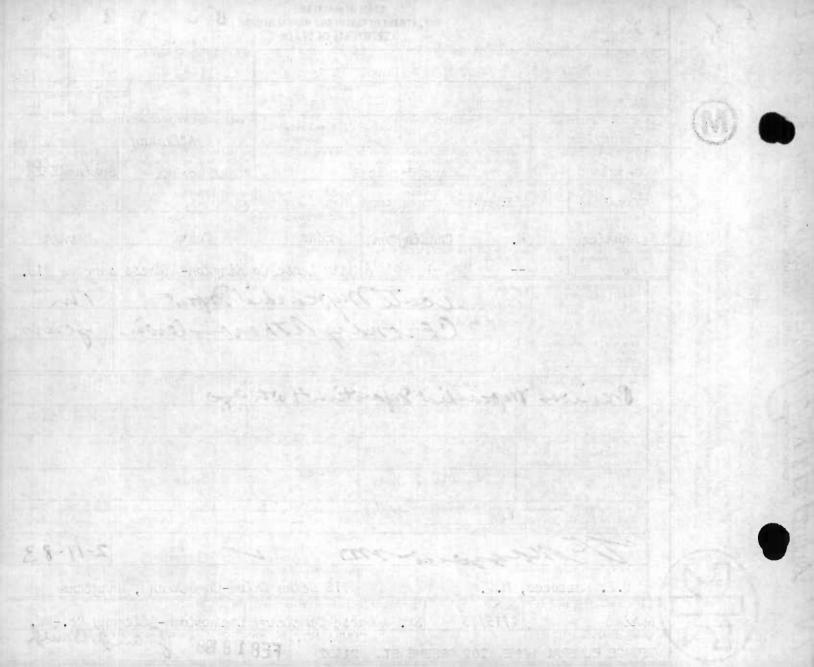
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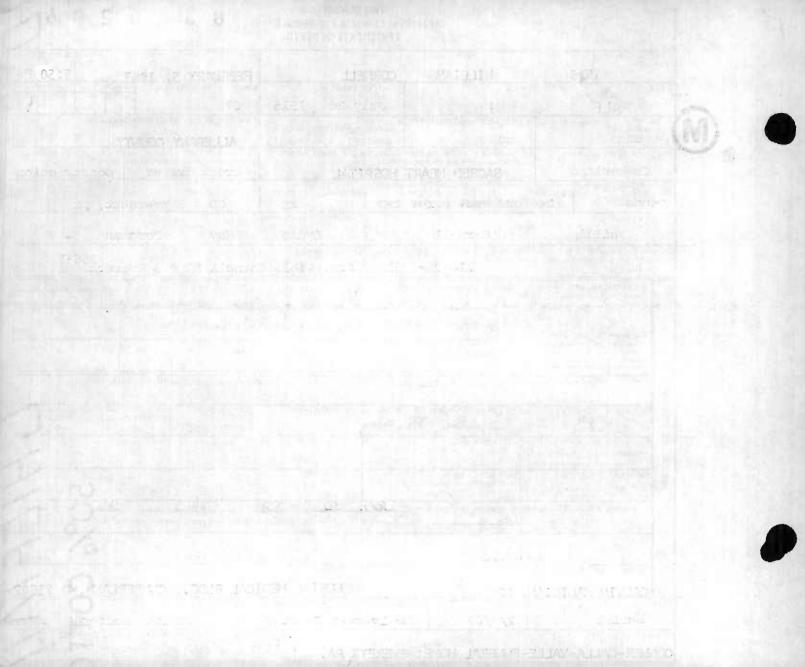
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by the by		22d. PHYSICIAN'S NAME (TYPE O	R PRINT)	22e. ADDRESS		-11-83
by the by		22d. PHYSICIAN'S NAME (TYPEO V.E. Mazzoco			rive-Cumberland, Mary	-//-83 land
O HOSPITAL trained by th O FUNERAL hould be dete with the State APORTANT: h	23a. Bl	V.E. Mazzocci	o, M.D.		23d LOCATION	land
O HOSPITAL trained by th O FUNERAL hould be dete with the State APORTANT: h	23a. BI	V.E. Mazzocci	23b. DATE 23c.	912 Seton DA NAME OF CEMETERY OR CREMATORY . Ambrose Cemetery	234 LOCATION CITY OR TOWN COUNTY	Co. Md



15	1 -	FOR STATE REGISTRAR		DEP	ARTMENT OF H	EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8 3 REG. NO.	2 3 6 3
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	10. C1	TY OR TOWN OF DEATH	1	I. NAME OF HOSPITAL, NU		OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
5 5 5		Cumberland		SACRED HE		ITAL	truck driver	construction
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MAN Di de Man de		Phillip	ΜI	Cornell		Lydia	May For	eman
E, A	16a V	VAS DECEASED EVER IN L			SECURITY NO.	17. INFORMANT	ADDRESS	
TIMOR be exe	(res, no or unknown) (IF	YES, GIVE V	210-01	-6351	Mrs, Viola	Cornell RD # 3 E	verett, pa,
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours rathending physician. Where this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fill this and Mental Bygiene prior to burial, cremation, or removal. In and Mental Bygiene prior to burial, cremation, or removal.	CERTIFICATION	Conditions, if any, wh gave rise to immediate cause (a), stoting underlying cause la	ich ote the ost.	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) DUDITIONS CONTRIBUTING	EQUENCE OF	NOT RELATED TO THE TER/		
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TO HOSPIT. TO FUNER. Should be a with the Sto		220 PHYSICIAN'S NAME				MEMORIAL MEI	DICAL BLDG., CUME	BERLAND, MD 21502
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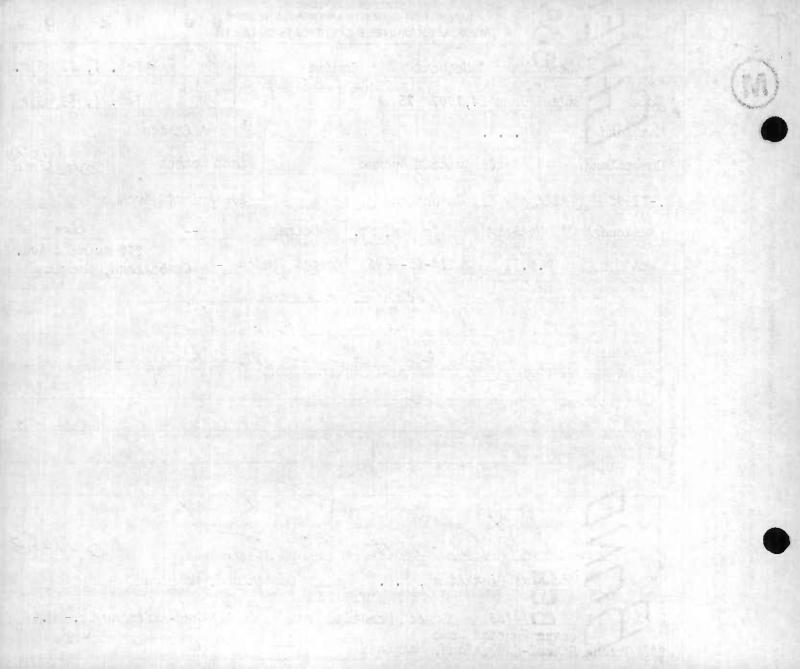


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	(5	Burial	TION, REMOVAL 2	236 DATE 2-7-83	23c. NAME OF CEM	man Cem		23d LOCATION Cumberland	Allega	ny MD ^{yate}
7 (5))	24. FL	NAME DIREC	TOR LI FUNER	AL HOME (CUMBERLAND.	MD	FEB	9 1983 P	GISTRAR'S SIC	HATURE

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AND 3	32 100	STATE 121502	136 COUNT		GIVE RESIDENCE BEFORE ADMIS 13c. CITY OR TOWN Cumberlan	d 130	d INSIDE CITY LIMITS? YES 🙀 NO 🗀	206 A	oress virett A	· 216	02.	
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AL EXAMINER: THE CERTIFICATE, THE CERTIFICATE, THOULD BE FORW. AL DIRECTOR: P. NITH THE ST	E, MARYLAND, 212	22a. I cert death resul ACTUAL SIGNATURE		of the remoins	described above, held on	Autopsy Suicide	Homicide TITLE PECIFY		manner .	d in my apin DATE SIGNED	2 -1	-83
TO MEDICAL EXECUTE THE PAGE 4 SHC TO FUNERAL AFTER DEATE	PALTIMORE 23				vritta, M.1		DKL33	berland,		ıd		
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				CEASED NAME FIR	ST	MIDDLE	LA	ST		20. DATE OF DE	ATH MONTH	DAY	YE AR	2b. HOUR
pe	poge 3 rr deoth		(1116	JESSE	JAMES	ELKINS.	Sr			FEBRUAL	RY 23,	1983		1:40P
(om	er d	~ "	3. SE	(4. RACE		S. DATE OF			6. AGE (IN YEARS	LAST BIRTHDAY)	IF UND	ER I YEAR	IF UNDER 24 HRS
a de	s of	15		Male	White		Oct	16	1920		62 _Y		DAYS	HOURS MIN.
Poge	1	A		RTHPLACE (STATE OR FOREIG	N 76. CITIZEN OF	WHAT COUNTRY?	8.	DX NEVER	MARRIED -	9. BALTIMORE			EATH	
eoth	₽M	1)		st Virginia	U.	S.A.	WIDOWE		ONORCED [ALLEG	ANY COL	NTY,		MI
er d	~	100	10. C	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		ROTHER IN	STITUTION	12a. USUAL OCO			KIND O	F BUSINESS OF
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n 24 hour	hould be	15	13a. S	arvland A	ome or other institution COUNTY llegany	GWE RESIDENCE BEFORE 136. CITY OR TOWN Cumber	and	YES 🗌	NO X	130. STREET ADD Rt #3-1		Rd	0	V502
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22a.1 certify that (1) (this hospital) attended the deceased from

THE PHYSICIAN'S NAME TYPE OF PRINT

D . ATTENDING DIRECTOR PHYSICIAN 22e. ADDRESS

22c. DATE SIGNED

MEHANNA, JOHN M.D. 23a. BURIAL, CREMATION, REMOVAL (SPECIFY)

23c. NAME OF CEMETERY OR CREMATORY

MEDICAL

909-B SETON DR., CUMBERLAND,

opinion death occurred on the date and hour and from the causes stated

STAFF

Burial 24 FUNERAL DIRECTOR BP.

23b. DATE

Zion Memorial Park

DEGREE

23d LOCATION
CITY OR TOWN
Cumberland

226. SIGNATURE

CUMB. MD 21502 SILCOX-MERRITT F.H.; 404 DECATUR ST.

DHMH - 16 50M 4/B2 (VRA 15, 4)

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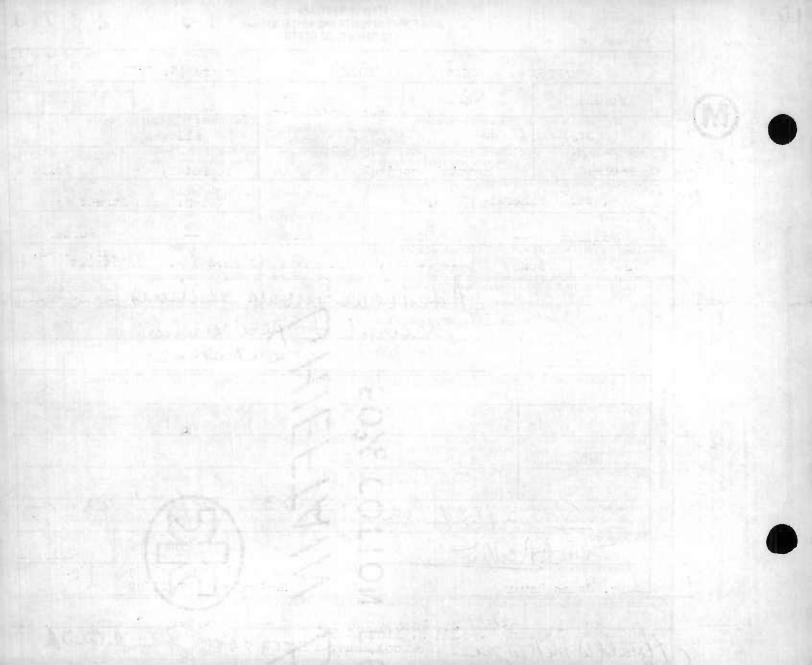
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AL OR ATTEND the hospiral of AL DIRECTOR. detached for use of e Dept of Heal		22a. I certify that (1) (the saw the deceased above, (1) (we) (did 22b. SIGNATURE	Q olive on (did not)	view the body	1	9, 01	d that in (my) (our) of that in (my) (our) of the degree ATTEND PHYSIC 122e ADDRESS	opinion dec		e date and hou	r and from th	, that (I) (we) last e couses stated F SIGNED
TO HOSPITAL retoined by t TO FUNERAL should be deter with the Store IMPORTANT:	23a	KHEDER ASH	IKER,		12	13c NAME OF C	100		CAL BLDG	, CUMBE	ERLAND,	MD 21502
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to		FOR STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 3 0 2 8 7 0 CERTIFICATE OF DEATH REG. NO.			
	2002		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH D	AY YEAR 26. HOUR 6:10
	be comp	(1476	MARION	BERTHA	FALLON	February 15, 1983	3 P _M
		3. SEX	Female	4. RACE White	5. DATE OF BIRTH MONTH DAY YEAR AU. 27, 1920	N N	IF UNDER 1 YEAR IF UNDER 24 HRS.
			RTHPLACE (STATE OR FOREIGN)	76. CITIZEN OF WHAT COUNTRY? USA	MARRIED ANEVER MARRIED WIDOWED DIVORCED	1 0 9 77	OF DEATH MD.
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LAND 2120	filled in outd be	13a. S	TATE 136 COUN	other institution, give residence before ITY neral I3c. CITY OR TOV Neyse	PE ADMISSION) VN 13d, INSIDE CITY LIMITS? YES A NO	130. STREET ADDRESS 401 N. Main	Street
Z A	1 22	14. FA	THER'S NAME	WIDDLE LAST	15. MOTHER'S MAIDEN N	MIDDLE	LAST .
MAI	p du la		William	Boo			Porter
RDS, 201 W. PRESTON ST., BALTIMORE,	equires that the death certificate be entituled in signed by the attending physicion and call then please remove carbon papers. Page 1 to burial, cremotion, or removal.		VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECULAR SOCIAL SOCIAL SOCIAL SECULAR SOCIAL	Non Touris 7	ADDRESS Ke Fallon, 401 N. Main	yser, W. Va. Street,
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	pital TTOR: for us of He		22a.1 certify that (I) (this hospit saw the deceased alive an above, (1) (2014) did not	ol) attended the deceased from	3, and that in (pg) (our) apinio	on death accurred on the date and hour	ond from the couses stated
	TO HOSPITAL OR A retained by the hos TO EUNERAL DIRECT should be detached with the State Dept.		226. SIGNAFORE	Called ?	DEGREE ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	22c, DATE SIGNED 2/15/82
	O HOSPITAL etained by th TO FUNERAL should be det with the Store WHORTANT:		22d. PHYSICIAN'S NAME (TYPE)	CARITY CONTRACTOR OF THE CONTR		morial Hospital Me	d. Bldg.,
	O HOS etained TO FUN with the		Dr. James Ra			mberland, MD 21502	
-65	200		UNIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
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quires that the death certifical signed by the attending phy her please remove carbongo to burial, cremation, or removingly, or other traumatic event	Co go coi und	part I. DEATH was a conditions, if one, we rise to impress (o), stotic derlying couse	, which mediate ag the lost.	DUE TO, C	DR AS A COM	SEQUENCE O	a of t	meta meta luin a	1	lodden SE OR CON		NI NANIE	PART 110	5
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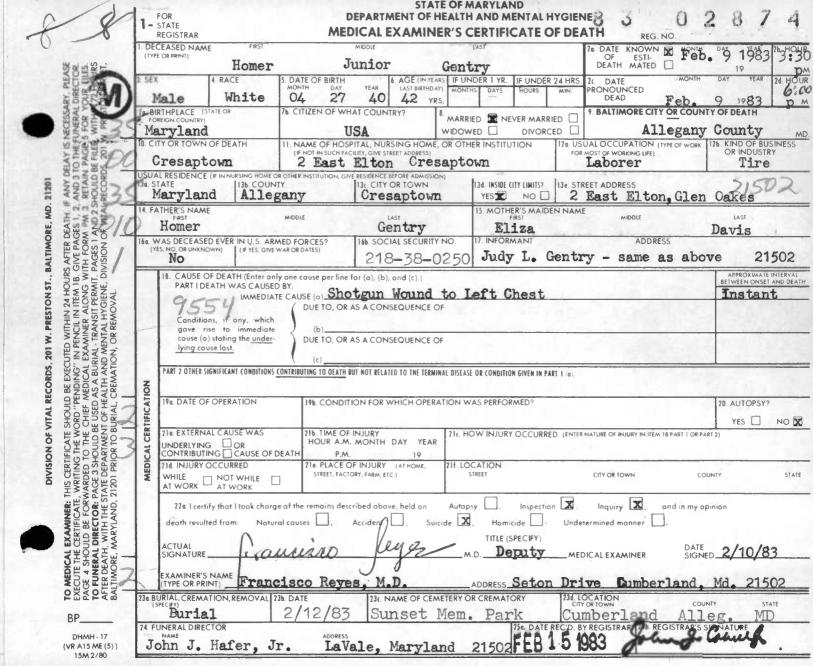
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AT WORK AT WORK 22a. I certify that I took charge at the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner , ACTUAL SIGNATURE			FOR			DEPARTMENT C	F HEALT	H AND MENTAL	HYGIENE	8 0	- ()	2 3	1 2
DECEASED HAME TYPO GRAPH WILLIAM G. GADNER DEATH MATED ZE DATE KNOWN BY STAR HOW DEATH MATED ZE DATE MOSTING DEATH MATED ZE DATE MOSTING DEATH MATED ZE DATE KNOWN BY STAR HOW DEATH MATED ZE DATE KNOWN BY STAR HOW DEATH MATED ZE DATE KNOWN BY STAR LONG STAR HOW DEATH MATED ZE DATE KNOWN BY STAR LONG STAR HOW DEATH MATED ZE DATE KNOWN BY STAR LONG STAR HOW ZE DATE KNOWN BY LONG STAR ZE DATE KNOWN BY LONG STAR HOW ZE DATE KNOWN BY ZE DATE KNOWN BY LONG STAR HOW ZE DATE KNOWN BY					N	EDICAL EXAM	INER'S	CERTIFICATE	OF DEAT	H REG. N	NO.		1 13
WILLIAM G. GARDNER MALE I. RACE (INVEST) IF LUNDER 24 HRS. MALE CAUC. JANUARY 18, 1901 182 VES.	1	1. DE	CEASED NAM	E FIRST		MIDDLE		LAST	20	DATE KNOWN	-	DAY YEA	R 26 HO
The control of the	-1	(TYP	E OR PRINT)	WILLIAN		G.	GA	RDMER			7	28.8	3 81
MALE CAUC. JONEST 18,1991 18,200 M 24 M 28	ł	3. SEX			5. DATE OF BIR				R 24 HRS 20		MONTH	DAY YE	AR 2d HOI
16. BITHPLACE EDUCK DESTRUCTION DESTRU		MA	LE		MONTH DA	AY YEAR LAST BID	THOAY			RONOUNCED	2	28.08	
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III. CAUSE OF DEATH III. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 178 USUAL OCCUPATION 178 KND OF BUSINESS 178		FO	REIGN COUNTRY)	D.	U	SA				ATTECANO	_		
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equires that the death certificate in signed by the attending physici. Then please remove carbon paper to burial, cremation, ar removal. injury, ar ather traumatic event, th	2	Canditians, if ony, which gave rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	(b)_ DUE TO, (c)_	OR AS A CONSEQU	ENCE OF	NOT RELATED TO THE TE	RMINAL DISEASE OR CON	NDITION GIVEN	IN PART Ito	
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-000+0	1	Ralph P. Erd	ly, M.D. (44 Scott C	t., Cumberland, N	D 21502
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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST . DECEASED NAME 20 DATE OF DEATH MONTH TYPE OR PRINTE GEORGE WASHINGTON GROSS February 3, 1983 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAR eh. 9. BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED Allegany 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) I TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Memorial Hospital Retired Sexton Lutheran LAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

STATE

13b. COUNTY

13c. CITY OR TOWN Church 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 413 Grand YES T NO Cumberland 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST Mc Bride Cathorino 166. SOCIAL SECURITY NO. 17 INFORMANT Mrs. Ethel Gross. Cumberland. 220-07-6071 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR 19 21f LOCATION COUNTY STATE CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARMATC)

> ATTENDING MEDICAL STAFF
> PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS Medical Building Memorial Hospital Cumberland, MD 21502

and that in (my) (aur) apinion death accorred an the date and haur and from the causes stated

23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION

Davis Memorial Cem. 24 FUNERAL DIRECTOR James F. Scarpelli, Cumberland. Md.

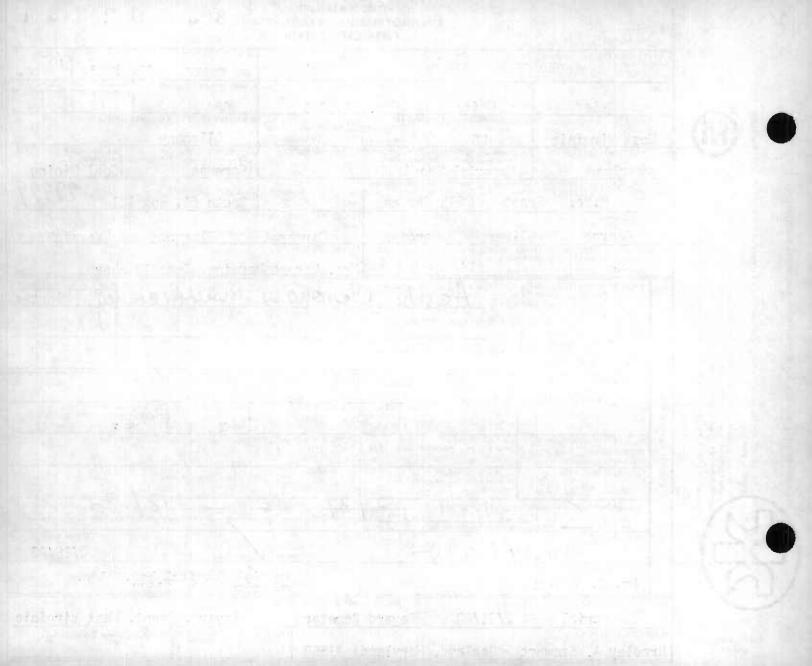
DEGREE

Cem. Cumberland Allegany
250 DATE REC'D. BY REGISTRAR SICATURE
FEB 10 1983

Allegany, Md

DHMH - 16 50M 4/82 (VRA 15, 4)

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Silcox-Merritt Funeral Service.Cumberland, Md

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

- STATE

DHMH - 16 50M 4/82

(VRA 15, 4)

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nerol d	70 B	RTHPLACE ISTATE OR FOREIGN OUNTRY) Pennsylvania	L.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNT Allegany	Y OF DEATH
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mond co		WAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE V	WAR OR DATES]	01-3166 Mrs. Doroth	ADDRESS NY Hemmis. Wife.	Cumberland.Md.
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PITAL OR by the by ERAL DIR e detoch Stote Der		22d. PHYSICIAN'S NAME (TYPE OR	V Cally	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	2-13-83
TO HOSPITAL TO FUNERAL Stabuld Be de With the Stote		RALPH &	RDLY			
BP	23a. (BURIAL, CREMATION, REMOVAL SPECIFY Burial	23b. DATE 2-15-1983	23c. NAME OF CEMETERY OR CREMATORY Hillcrest Burial Pa	rk Cumberland.	COUNTY STATE Allegany, Md.

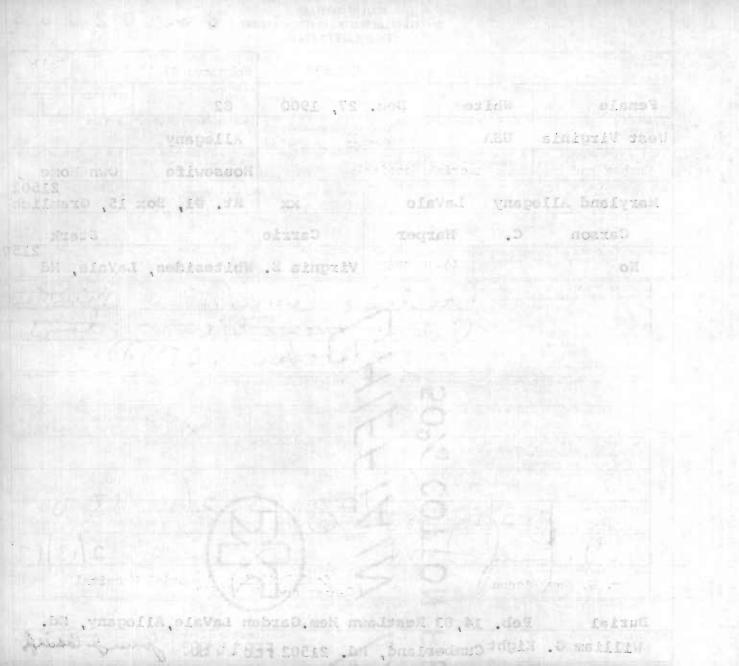
James F. Scarpelli, Cumberland, Md.

DHMH - 16 60M 1/75 (VR A 15 (4))

24 FUNERAL DIRECTOR

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2 24		CEASED NAME FIRST MONNA		T MIDDLE		RICKSON	February 11,1		3:00A
A may	3. SE	× Female	4. RACE Whit	:e	5. DATE O	27, DAY 1900	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
OM PO	We	RTHPLACE (STATE OR FOREIGN COUNTRY) St Virginia	76. CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	BALTIMORE CITY OR COU Allegany		MD
Of the state of th		ITY OR TOWN OF DEATH Cumberland		HOSPITAL, NURSING FACILITY, GIVE STREET MORIAL HO		PROTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Housewife	INDUSTRY OWN	OF BUSINESS OR Home
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IMORE, n and co Pages 1	160. \	NAS DECEASED EVER IN U.S. AR YES, NOOR UNKNOWN) (IF YES, GIV	MED FORCES?	166. SOCIAL SECU 214-32-3		17 INFORMANT Virgnia E.	Whitesides,	LaVale	2150 Md
RDS, 201 W. PRESTON ST., I sequires that the death certific signed by the attending phy. Then please remove carbon of to burial, cremotion, or remonitury, or other traumatic even	NO	18 CAUSE OF DEATH IEnter or PART I. DEATH WAS CAUSE IMMEDIA! Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT OF	DUE TO, O DUE TO, O (b) DUE TO, O	R AS A CONSEQU	ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1	my s
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O HOSPITAL OR All et aired by the hosp to FUNERAL DIRECT should be detached with the Store Dept.		THE SIGNATURE THE PHYSICIAN'S NAME TIME OF THE OFFICE OF THE OFFI	iscus	<u></u>	N	Medical Buil Cumberland,			13/83
BP	23a.	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial				emetery or crematory wn Mem.Gard	23d LOCATION CITY OF TOWN En LaVale, Al	legany,	Md. STATE
DHMH - 16 50M 4/B2 (VRA 15, 4)	24 F	W11liam G.				25n DAT	F REC'D BY REGISTRAR 25h RE	GISTRAR'S SIGNA	Coming



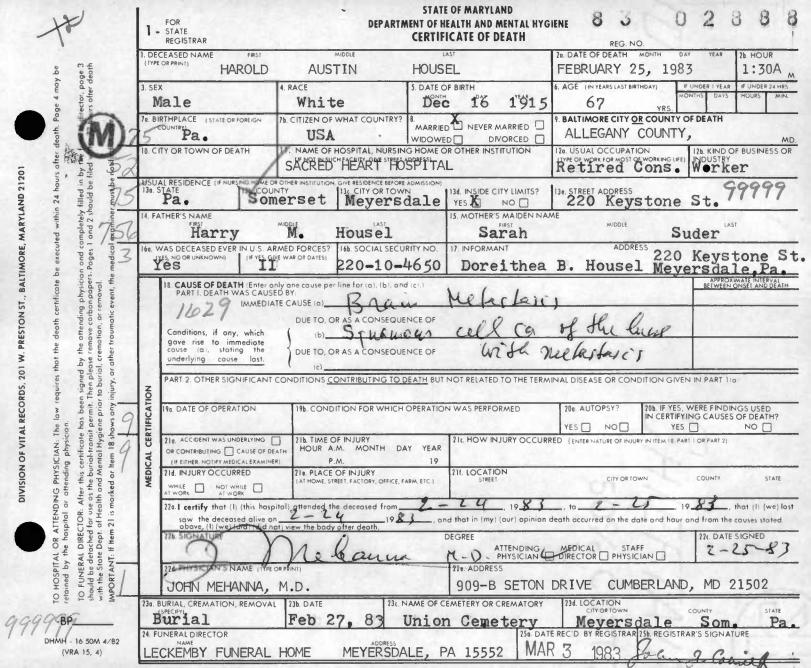
MARYLAND STATE DEPARTMENT OF HEALTH

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SILCOX-MERRITT FUNERAL SERVICE CUMBERIAND MI

(VRA 15, 4)

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	FOR DEPARTMENT OF HEALTH AND STATE REGISTRAR CERTIFICATE OF	MENTAL HYGIENE 8 5 0 2 8 8 9 DEATH REG. NO.
a 65	DECEASED NAME FIRST MIDDLE LAST (TYPE OR PRINT)	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
oy be oge 3 death	HAZEL B IDEN	2 28 83 0836 HR
Page 4 mc	FEMALE 4 RACE WHITE 5. DATE OF BIRTH 03TH 08AY	6. AGE (IN YEARS LAST BIRTHDAY) 80 YRS. 1F UNDER 1 VEAR IF UNDER 24 HRS MONTHS OAYS HOURS MIN
Cos 2 and P. Po	76 BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER WEST VILGINIA UNITED STATES WIDOWED X D	MARRIED 9 BALTIMOREER PARTY MODEATH ALLEGANY COUNTY MD
by the full filled with	CUMBERLAND 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INS (IF NOT IN SUCH FACILITY, GIVE STREET AGORESS) MEMORIAL HOSPITAL	STITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Homemaker Home
should be er must be	MARYLAND ALLEGANY CUMBERLAND YES X	CITY LIMITS? 136 STREET ADDRESS 2/502 1128 FREDERICK STREET
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s. Pages I	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORM (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 219-74-7121 Winon	a R. Rice-510 Welch Ave., Cumberland, Md.
e death certificate to attending physici nove carbonpaper atton, or removal.	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c').) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate	APPROXIMATE INTERVAL BETWEN ONSET AND DEATH / Clay
quires that the signed by the hen please em to buriol, cremiliury, or other t	cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE	D TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1(0)
ton. those been the permit. I piene prior hows ony in	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFE	ORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
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TOR: Aft for use of of Health	220.1 certify that (I) (this hospital) attended the deceased from 9/14	, 19 17 , to 2/28 , 19 20 , that (1) (we) lost (our) opinion death occurred on the date and hour and from the causes stated
ral OR All y the hosp tal DIREC detoched to the Dept of Dept o	226 SIGNATURE DEGREE MOD DEGREE	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 3-3-3-
TO HOSPITAL (retained by the TO FUNERAL E should be detained the State E MAPORTANT: If	DR. GEORGE BREZA 222. ADDRE	SETON DRIVE CUMBERLAND, MD
BP		al Park Cumbiggerand-Allegary County
I - 16 50M 1/76 R A 15 (4))	^{21 FUNERAL DIRECTOR} George/Upchurch Funeral Home, P.A 202 Greene Street-Cumberland, Maryland	

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STICOX-MERRITT FUNERAL SERVICE CUMBERLAND

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO

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12b. KIND OF BUSINESS OR

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STATE

Bauer

12:50

IF LINDER 24 HRS

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IF UNDER I YEAR

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YES

250. DATE REC'D. BY REGISTRAR 25 ZEGISTRAR'S SIGNATURE

COUNTY

22c. DATE SIGNED

20. DATE OF DEATH

BP. DHMH - 16 50M 4/B2 (VRA 15, 4)

FOR

REGISTRAR

BURTAT

24. FUNERAL DIRECTOR

FIRST

DECEASED NAME

- STATE

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	FOR STATE		ALTH AND MENTAL H		2891
	REGISTRAR ECEASED NAME FRST PPE OR PRINT) A I h a new	WIDDLE	'S CERTIFICATE OF	REG. NO.	
3. SE			IF UNDER 1 YR. IF UNDER 2 MONTHS DAYS HOURS	y DEATH MATED 2 24 HRS. 21. DATE MONTH MIN PRONOUNCED DEAD 2	12 19 83 M DAY YEAR 2d HOUR 3:30F
きろう	Manyland	USA	AARRIED NEVER MARRIE	Allegany Coun	TY OF DEATH
300	Cumberland /	1. NAME OF HOSPITAL, NURSING HOME, O (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Memorial Hospital	OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FORMOST OF WORKING LIFE)),2b. KIND OF BUSINESS OR INDUSTRY
130	anyland Anne A	orner institution, give residence before admission) aundel Baltimore		13e. STREET ADDRESS 4734 Townsend Av	re., 21225
20	Albert E. Kanopo		Ann A.	Shelley MIDDLE	LAST
moder	WAS DECEASED EVER IN U.S. ARMEI YES, NO, OR UNKNOWN) (IF YES, GIVE WAI			Karopchinsky, Sr.	Same as #13
AATION, OR REMOVAL.	Canditions, if any, which gave rise to immediate cause (a) stating the underlying cause last.				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	ON WAS PERFORMED?		20. AUTOPSY?
MEDICAL CERT	210 EXTERNAL CAUSE WAS UNDERLYING ☑ OR CONTRIBUTING ☐ CAUSE OF DEA 210. INJURY OCCURRED	HOUR A.M. MONTH DAY YEAR P.M. 2/19 93	Inhaled exhau	enter nature of injury in ITEM 18 PART 1 OR P. ust fumes from auto	ART 2)
. \$	WHILE AT WORK AT WORK		STREET Magnolia & Loc Autopsy	op Rd. Paw Paw	W. Virginia
9	death resulted from: Notural ACTUAL SIGNATURE			Undetermined manner	ED 2/14/83
2	EXAMINER'S NAME TH	nomas D. Smith, M.D.		l Penn St. Balto.	., MD.
		2/17/1983 Security	ry or CREMATORY nocess. Inc		to., Md.
	FUNERAL DIRECTOR No ullu Funeral Ho	omes 237 E. Patapsco	Ave. FEB	171983 Solumb	Comile.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 2b. HOUR **ALOYSIOUS** KING FEBRUARY 1. 1983 4:10IF UNDER 1 YEAR IF UNDER 24 HRS 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) Sept. 26, 1911 White 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA ALLEGANY COUNTY WIDOWED DIVORCED T 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY SACRED HEART HOSPITAL Retired Carman Railroad USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 21502 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 131 West Second St. Cumberland YES T NO [15. MOTHER'S MAIDEN NAME LAST Annie S. Hoover 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO 705-09-9668 Mrs. Margaret S. King. Cumberland. Md APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one couse per line to (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: nen IMMEDIATE CAUSE (0) LATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED AS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO [NO YES T 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR P.M 19 21f. LOCATION 21e. PLACE OF INJURY

A CONTRACTOR OF THE PARTY OF TH	Prev CVA
DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION W

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

DEGREE

CITY OR TOWN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

COUNTY

STATE

saw the deceased alive an above, (I) (we) (did) (did not) view the bady after death 226 SIGNATURE

WHILE T

CERTIFICATION

FOR

REGISTRAR

Male

70. BIRTHPLACE (STATE OR FOREIGN

Maryland

10 CITY OR TOWN OF DEATH

Commerland

Maryland

14 FATHER'S NAME

no

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost

210. ACCIDENT WAS UNDERLYING

21d. INJURY OCCURRED

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

JOSEPH

13b. COUNTY

William King

Allegany

MIDDLE

4. RACE

1. DECEASED NAME

- STATE

TYPE OR PRINTI

3. SEX

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

22a.1 certify that (1) (this haspital) attended the deceased from

Dr. Victor E. Mazzocco M. D.

23b. DATE

22e ADDRESS

Marys Cemetery

FEB

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

23d, LOCATION

22r. DATE SIGNED

BMG 912 SETON DRIVE, CUMBERLAND, MD 21502

BP

(VRA 15, 4)

DHMH - 16 50M 4/B2

Burial 24 FUNERAL DIRECTOR

230. BURIAL, CREMATION, REMOVAL

108 VIRGINIA AVE.. SCARPELLI FUNERAL HOME: CUMBERI AND . MD 21502

Feb

23c. NAME OF CEMETERY OR CREMATORY

1983

CITY OF TOWN

Allegany

Cumberland Md 250, DATE REC'D, BY REGISTRAN USY, REGISTRAN'S SIGNATUR

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(VRA 15, 4)

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		CEASED NAME FIRST		MIDDLE		AST	20	. DATE OF DEATH	MONTH DAY	YEAR	2: 12
		EST	HER	GENEL		NISLEY		ebruary 19			
nese.n	3. SE		4 RACE		5. DATE O	DAY YEAR		AGE (IN YEARS LAST BIR	MON	UNDER I YEAR	IF UNDER 24 H
		Female	Whit		Ju	ne 17, 192	8	5/4	YRS.		
上	6	RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF	MHAT COUNTRY?	8. MARRIED WIDOWEI	NEVER MARRIED	ורים	BALTIMORE CITY O		EDEATH	
50	10 CI	mberland	(IF NOT IN SU	HOSPITAL, NURSIN ICH FACILITY, GIVE STREET rial Hosp:	ADDRESS)	R OTHER INSTITUTION		u USUAL OCCUPATI PPE OF WORK FOR MOST O Housekeep	F WORKING LIFE)	INDUSTRY	el-Inr
35	13a. S	TATE 13b. CC		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Cumber	'N	13d. INSIDE CITY LIMIT		STREET ADDRESS 305 Eas	t Oldto	2/50 own Ro	
11		THER'S NAME FIRST	MIDDLE House	LAST	1	15. MOTHER'S MAIDE		La Cross		LAST	
		AS DECEASED EVER IN U.S.		166 SOCIAL SECU	IRITY NO.	17 INFORMANT		ADDRE	SS		
		no	O WAN ON DATES)	215-26-	7631	Ms. Jack	yn R.	Budrecki	, Cumbe		
		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse pe USED BY: NATE CAUSE (o)	er line for (a), (b), one	d (c).)					BETWEEN	MATE INTERVAL ONSET AND DEA
	Z	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN	(c)_	OR AS A CONSEQUE		NOT RELATED TO THE	E TERMINA	AL DISEASE OR CON	DITION GIVEN	IN PART 110	1.
9	CERTIFICATION	190 DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATION	N WAS PERFORMED		200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN YES	NG CAUSES	IGS USED OF DEATH?
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A	OF INJURY A.M. MONTH DA	AY YEAR	21c. HOW INJURY OF	CCURRED	(ENTER NATURE OF INJUI	RY IN ITEM 18 PART	I OR PART 2)	
1	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
21 1 2 U		220.1 certify that (1) This has saw the deceased alive above, (1) (1/2) (did (did		1 (2		d that ic(my)(our) op					causes stated
		22b. SIGNATURE	Bille	V	m	DEGREE ATTENDI	ING /	MEDICAL STAI	F IAN 🗆	7-2	SIGNED
1 AMOKIAN		Dr. Anthony B				22e ADDRESS 95	55 Frank	ederick St land, MD 2	reet 21502		
	23a. E	URIAL, CREMATION, REMOV SPECIFY) Burial				emetery or cremate wn Mem.Gar	dens	23d. LOCATION CITY OF TOWN LaVale,	Allega		
82	24 FI	INERAL DIRECTOR NAME James F	Scarnel	11. Cumbe	rland		So DATE RE	EC'D. BY REGISTRAR		R'S SIGNATI	

anni-loto, com moroes e mo best meribit time for a series where the Assort in the same 2201-2089 - Herblaim Men. Derdiene LaVala, Allereny, Di. rejet ! June I. Scarletti, Sunderland, Mr.

3	FOR STATE REGISTRAR		DEPARTA	MENT OF HEALTH AND MENTAL HYP CERTIFICATE OF DEATH	GIENE 8 3 (2894
1 75	1. DECEASED NAME (TYPE OR PRINT)	GEORGE	HILARY	LANCASTER	February 20, 19	83 YEAR 26. HOUR 6:46 A
	3. SEX MALE	4. RACE WH	ITE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) 80 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
1 1 26	70. BIRTHPLACE (STATE COUNTRY) MARYLANI		OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNT ALLEGANY	Y OF DEATH
of the state of	Cumberland	PEATH 11. NAME		IG HOME OR OTHER INSTITUTION ADDRESS)	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LETT) LABORER	126. KIND OF BUSINESS O
24 hour		URSING HOME OR OTHER INSTITUTION TO THE COUNTY AT LEGANY		ADMISSION) 13d. INSIDE CITY LIMITS?		ROSTBURG,
ond 2 th	14 FATHER'S NAME FIRST CHARLE	MIDDLE	LANCASTE	15 MOTHER'S MAIDEN NA	MIDDLE	PAPE
n ond co Poges 1	(YES NO OR UNKNOWN)	ER IN U.S. ARMED FORCE (IF YES GIVE WAR OR DATE NO. A.			ADDRFROST	TBURG, MD. 215 MAPLE ST.
quires that the death signed by the attend hen please remove co to burial, cremation, o jury, or other troumat	Conditions, if o gove rise to couse (01, ste underlying co	ny, which mmediate ting the use lost.	O, OR AS A CONSEQUE O, OR AS A CONSEQUE OS CONTRIBUTING TO TO		MINAL DISEASE OR CONDITION GI	VEN IN PART Ito
on. hos been prior to permit If ene prior to over one prior to over one over one over over over over over over over ove	19a DATE OF OPE	196. C	ONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
HYSICIAN: I nding physici his certificate buriol-fransii i Mentol Hygi or frem 18 sh	21a. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER NOTIFY M 21d. INJURY OCCI	CAUSE OF DEATH EDICAL EXAMINER) JRRED 21e. Pt	ME OF INJURY R.A.M. MONTH DA P.M. ACE OF INJURY ME, STREET, FACTORY, OFFICE, F	19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2) COUNTY STATE
TENDING Pointer of the TOR: After to Tore of the total the following of Health and 121 is marked	27a.1 certify that	(this hospital) attend	ed the deceased from	2 1111/108	depth occurred on the date and ha	. 19, that ph (we) la
TAL OR ALL yy the hosp RAL DiREC detoched it fore Dept	276 SIGNATURE	keu A	Autor'	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
O HOSPITAL efoined by the TO FUNERAL should be defined with the Store IMPORTANT:	Dr. S.	Name (type or print) Nathan			rial Hosp. Med. 1 erland, MD 21502	
BP	230. BURIAL, CREMATIO (SPECTURE) BURIAL 24 FUNTRALDIRECTOR	N, REMOVAL 236. DAT 2/2	3/83 FR	OSTBURG MEM. P	23d. LOCATION CITYOR TOWN K FROSTBURG IE REC'D. BY REGISTRA MAD PEGIS	COUNTY STATE T.T.E.C.A.N.Y. M.D. TRANS S.S.JATURE
DHMH - 16 50M 4/82 (VRA 15, 4)	SOWERS FI	NERAL HOM	ADDRESS	TBURG FE	3 2 5 1983	- Commy

TOTAL SOLETANDE TO THE STATE OF The second secon

1	
	FOR STATE REGISTRAR
4	1. DECEASED NAM (TYPE OR PRINT)
	3. SEX Female
1	76. BIRTHPLACE (
1	Cumberl
	LISTIAL DECIDENCE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8

REG. NO.

1. D	ECEASED NAME	FIRST		MIDDLE	L.	AST		20. DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR
(TY	PE OR PRINT)	Carrie	6	ENETTE	Leas	sure			02	07	83	12:30M
3. S	SEX		4. RACE		5. DATE C	F BIRTH		6. AGE IN YEARS LAST	BIRTHDAY)		DER 1 YEAR	IF UNDER 24 HRS
	Female		Caucas	sian	10	27	O2		80 YRS	MONTH	DAYS	HOURS MIN.
70.	BIRTHPLACE (STATE	ORFOREIGN	b. CITIZEN OF	WHAT COUNTRY?	8	T NEVER		9. BALTIMORE CITY			DEATH	
	PATRY)	300	USA		WIDOWE		MARRIED -	Allega	מזר			MD
10.	CITY OR TOWN OF	DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	-		120. USUAL OCCUPA	TION			F BUSINESS OR
	Cumberlan	id		the facility, give street a lanor, Set o		Cami	h MD	Housewi		(IN	DUSTRY	
	UAL RESIDENCE (IF	NURSING HOME OR	OTHER INSTITUTION			, own	0. MD	Housewi	16		71	502
	STATE	13b COUN		13c. CITY OR TOWN				130 STREET ADDRES		C)		
_	Maryland FATHER'S NAME	WII	egany	Cumberla	and	YESXXX	'S MAIDEN NAM	707 Prin	ceton	St.	, Cur	nb. MD
14	FIRST		AIDDLE	LAST			FIRST	MIDDLE			LAST	
	William		bert	Howsare			Susan	ADD	RESS	Ba	rthe	LOW
160	WAS DECEASED ET		WAR OR DATES)	166 SOCIAL SECUI		17. INFORM						
_	No			219-14-	-6896	Lions	Manor,	Seton Dr.	, Cum	b. M		
				line for (a), (b), one	lici .		1	00	- 17 - 1		BETWEEN	MATE INTERVAL
	PARTI. DEAT	H WAS CAUSED IMMEDIAT	E CAUSE (o)	Conc	iest	in	Nearl	Tailur			(91
	1429	2	DUE TO O	R AS ACONSTOLE	NOP I	~ ~						1
	Conditions, if	ony, which	((b)	42	CA	D				91.4	10	- PCJ.
	gave rise to		DUETO	R AS A CONSEQUE	NCEOE							0
	underlying co		1000,0	K A3 A CONSCOOL	1402 01		1.1					
7		SIGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE OR CO	NOITION (SIVEN IN	PART No	1
CERTIFICATION		-0.71011	Tim cours	TION SOR WILLIAM	00504710	111111 DEDE	0.00.00	In AUTORSY'S	201 15 1	VEC VAVE	DE EINIDIN	IGS USED
2	190. DATE OF OPI	ERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERF	OKWED	200 AUTOPSY?	IN CER			OF DEATH?
E				F 2 1 2 1 1 1 1 1 1		Y-1		YES NO		YES		NO 🗌
	OR OCCUPATION TO LO		21b. TIME C	OF INJURY .M. MONTH DA	Y YEAR	21c. HOW II	NJURY OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM 1	8 PART I C	ORPART 2)	
3	(IF EITHER NOTIFY	MEDICAL EXAMINER		м.	19				All Co	19.0	Marie Land	
MEDICAL	21d. INJURY OCC		21e. PLACE	OF INJURY	ARM FIC)	21f LOCAT		CITY OR	town	C	OUNTY	STATE
2	AT WORK AT	T WHILE WORK			^			,	1			
	220.1 certify tho	t (1) (this hospit	ol) ottended th	e deceosed from _		10	19.78		183	. 19		that (I) (we) lost
	sow the dec	egoed live on	2//	19 6	5_3, ar	d that in (my) (our) opinion o	deoth occurred on the	date and h	our ond	from the	couses stated
	22b. SIGNATURE		View the body	offer death.	- 1	DEGREE					22c. DATE	SIGNED
	1	1) ~ ?	-		in	ATTENDING PHYSICIAN	MEDICAL ST	AFF SICIANI [1675	21	7/82
1	22d. PHYSICIAN	S NAME (TYPE OF	PRINT	E V		220 ADDRE	SS		•		/	110-3
	4	0.50	2009	100		9	12 Se	5000	Cun	IFE	2 142	og vo
22-	BUBIAL CREMATE	ON DEMOVAL	In DATE	1 22 - N	IAME OF C	EMETERY OR	CREMATORY	23d. LOCATION				
230	. BURIAL, CREMATK		23b. DATE			Man	. ()	CITY OR TOWN	1.0	AFF	INTY	MA
24	BURTA FUNERAL DIRECTO		FEB 9	, 1983 5	UNSET	MEMO		E REC'D. BY REGISTRA	AR 256 REG	ISTRAP	SIGNAT	URF
6.1.	1 OLLENAL DIVECTO	73		-	-44		1 JAI		7			

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TO HOSPITAL

DHMH - 16 50M 4/82 (VRA 15, 4)

IT FUNERAL SERVICE

7250. DATE REC'D. BY REGISTRAR POFEB 1 0 1983 3. Comil

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STATE OF MARYLAND

	- STATE REGISTRAR	DEF		ICATE OF DEATH	REG. NO.	V & C	
1	1. DECEASED NAME FIRST	MIDDLE	t.	AST	20. DATE OF DEATH MONTH	DAY YEAR	26. HOUR
	CHARLES	S ALBERT	LYON	S	FEBRUARY 8, 1	983	L0:50p w
	3. SEX MALB	4. RACE WHITE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY) 21 YRS	MONTHS DAYS	HOURS MIN.
5	Jo. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76. CITIZEN OF WHAT COUN	MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUN ALLEGANY	TY OF DEATH	MD
	10. CITY OR TOWN OF DEATH Cumberland	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE Memorial	STREET ADDRESS)		120. USUAL OCCUPATION (Type of work for most of working		ROADS
5	USUAL RESIDENCE (IF NURSING HOME		121532N	13d. INSIDE CITY LIMITS? YES NO	13. 45 DEPOT ROA	D 2	1532
	14 FATHER'S NAME JOSEPH	S. LY	ÖNS	DOR"S	WE	SWAR	VER
-		GIVE WAR OR DATES)	60-2499	MRS. HAROLD	LANCASTER, 45	STBURG, N DEPOT RO	
	PART I. DEATH WAS CAU	r only one couse per line for (a), (USED BY: DIATE CAUSE (o)	PAITC	FAILU,	RE.	APPROX BETWEEN	MATE INTERVAL DNSET AND DEATH
į	Conditions, if ony, which gove rise to immediate		SEQUENCE OF	Hypotenia			
1	couse (a), stating the underlying couse lost.	(c)	NINTC.	Renal facting	(
	PART 2 OTHER SIGNIFICAN	Y CONDITIONS GONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	GIVEN IN PART 10	0,

CERTIFICATION

21a. ACCIDENT WAS UNDERLYING

21d. INJURY OCCURRED

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

sow the deceased alive on_

Dr. N. Ranjithan

216. TIME OF INJURY

P.M.

21e. PLACE OF INJURY

HOUR A.M. MONTH DAY YEAR

19

211. LOCATION

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

ST. MICHAEL'S CEM.

STREET

20a AUTOPSY?

CITY OR TOWN

STAFF

PHYSICIAN [

101 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY STATE

NO [

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

MD.

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22a.1 certify that (1) (this hospital) attended the deceased from.

obove, (I) (we) (djd.) (did not) view the body ofter death

(AT HOME STREET, FACTORY, OFFICE, FARM ETC.)

Memorial Hospital Medical Building Cumberland, MD 21502

22e. ADDRESS

MEDICAL

DIRECTOR

23d. LOCATION

FROSTBURG ALLEGANY

FUNERAL

236. DATE

COUNCED W. MAIN ST.

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

THE DATE SIGNED.

BP.

DHMH - 16 50M 4/82 (VRA 15, 4)

or Item

morked

MPORTANT

MEDICAL

2/12/83 BUR TAL 24 FUNERAL DIRECTORY

230 BURIAL, CREMATION, REMOVAL

FROSTBURG

		13	T'S	311	23/91
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COUNTY ROADS	RESERVA				
gv.	AS DEPOT TO	7	611174 W	VIACA, I, II.	MARYLAND
PONANA Base, on, coursen	14.	DORIS	ZMOY,i	.2	назвог
	A, RETEATMA, I	RS. HARDLE	4	N.A.	OM:

COLLON

BURIAL 2/12/63 ST. MICHAEL'S CRM.
60 W. WAIN ST.
27WIRS FUNNERAL HOME PROSENERS

15M 2/80

STATE OF MARYLAND

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-1	-	FOR			DEPARTMEN		MARYLAND H AND MENTAL	HYCIENES "Z	0	0 0	C3 (3)
	1-	STATE REGISTRAR		MI			CERTIFICATE		REG. NO.	60	1 1
ł	1. DE	CEASED NAME	FIRST		MIDDLE		LAST	2e. DATE K	NOWN MO	ONTH DAY YEA	R 26. H36
ı	(TYP	E OR PRINT)		Edward L	. Malo	ne		OF DEATH	MATED 2	-16 19 8	33 1p
ı	3. SE)		4 RACE	5. DATE OF BIRTH	6. AG	E (IN YEARS IF L	11 01 02	R 24 HRS. 2c. DATE	WO	NTH DAY YE	AT 24 HOL
l	Ma	le	White	Nov.13.	67.10	71 YRS.	THS DAYS HOURS	MIN PRONOUNG DEAD		16 19 8	33 127
J	7a. B	RTHPLACE (ST	ATE OR	76. CITIZEN OF V	VHAT COUNTRY?	8 MAR	RIED NEVER MAR	RIED 9. BALTIMO	RE CITY OR CO	OUNTY OF DEATH	
1	5W	est Vi	rginia	USA		WIDO	WED DIVOR	CED All	egany		M
4	10. CI	TY OR TOWN	OF DEATH		DSPITAL, NURSING		THER INSTITUTION	12g. USUAL OCCUPA	ATION (TYPE OF W	VORK 12b KIND OF OR INDU	BUSINESS
4		umberla			rial Hos			Retired C		r Local	1024
ł	13a. S	L RESIDENCE TATE	(IF IN NURSING HOMI 13b. COU	E OR OTHER INSTITUTION, (GIVE RESIDENCE BEFORE	ADMISSION) DWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRES	s all	194	
1	W	. Va.		neral	Ridge	ley	YES NO G	none	116	26753	
	14. F/	THER'S NAME		WIDDLE	LAST		15. MOTHER'S MAIL	DEN NAME	OLE	LAST	
4				s Malone	lui conti i	CURITY NG	17 INFORMANT	Annabelle			WAVE !
3	16g V	ES. NO, OR UNKNO		VE WAR OR DATES	16b. SOCIAL SI	CURITY NO.	17. INFORMANT		ADDRESS		
l		Yes		ar II			Mrs. De.	lena Malone	Ridge		
١		18 CAUSE O PART I DE	F DEATH (Enter of ATH WAS CAUS	anly ane couse per lin ED BY:						BETWEEN OF	AATE INTERVAL NSET AND DEATH
ł		41.14		ATE CAUSE (a)		- 4	Arteriosc	lerosis		sude	den
		C - Pita	4		R AS A CONSEQU	ENCE OF					
	-		ns, if ony, which se to immedio								E
П			stating the unde		R AS A CONSEQU	ENCE OF					300
1		lying coo	se 10 st.	(c)							
1		PART 2 OTHER SH	GNIFICANT CONDITION	S CONTRIBUTING TO DEAT	H BUT NOT RELATED TO	THE TERMINAL DISE	ASE OR CONDITION GIVEN IN P	PART 1 (a).			
	O										
5	CERTIFICATION	190. DATE OF	OPERATION	196 COND	DITION FOR WHIC	OPERATION	WAS PERFORMED?			20 AUTOP	SY?
	TIF									YES [NO 🗷
>			L CAUSE WAS	21b. TIME C	OF INJURY M. MONTH DAY	YEAR 21c.	HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1	OR PART 2)	
7		UNDERLYING CONTRIBUTION	OR NG CAUSE O			19					
	MEDICAL	21d. INJURY C			OF INJURY (AT I	OME. 211 L	OCATION STREET	CITY OR TOW		COUNTY	STATE
	¥	AT WORK	NOT WHILE	D SIREEL, PA	CIORI, FARM, EIC.)		winee!	CITY OR TOW	4	COUNTY	STATE
		220 1 0004	iv that I tank tha	rge of the remoins de	escribed above to	dan Auto	ppsy . Inspecti	on k Inquiry	X and in r	1021	
1										my opinion	
		death resulte	ea iram: Nat	rural causes 🔼,	Accident .	Suicide	, Hamicide ,	Undetermined mar	ner,		
		ACTUAL	600	Mun	Veux		M.D. Deputy		D	DATE 2-16	5-1983
1		SIGNATURE_	10		- FY		M.D. Deputy	MEDICAL EXAMI	NER S	SIGNED	-/-/
3		EXAMINER'S (TYPE OR PRIN		. Francis	co Reyes	MD	ADDRESS 900	Seton Dri	ve. Cum	berland.M	id.
1	23a.B	URIAL CREMA	TION REMOVAL	23b. DATE	23c. NAME	OF CEMETERY	OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
		Buria		2-19-83	Fort	Ashby C	emetery	Fort Ash		Va.	STATE
	24. F	UNERAL DIREC		ADDRE	55			REC'D. BY REGISTRAR	2. REGISTRA	AR'S SIGNATURE	1
		Jan	nes F. S	carpelli,	Cumberl	and, Md.	FE	3 2 2 1983	Joune	- laucely	K
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STATE OF MARYLAND

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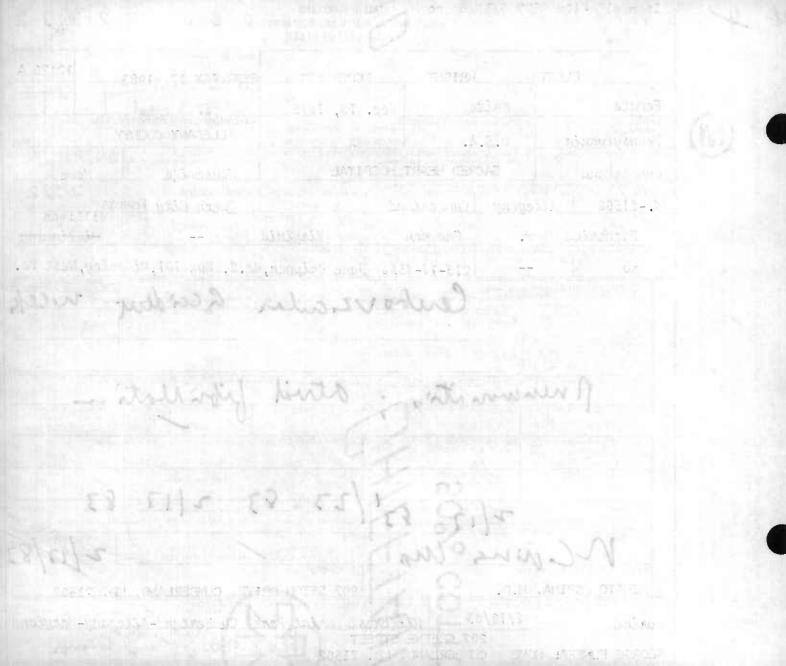
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5		FOR STATE REGISTRAR				MENT OF H	EALTH AND MENTAL H		REG. NO.	0 2	901
ne		CEASED NAME OR PRINT)	FIRST		WIGGE		AST	20. DATE OF	DEATH MONTH	DAY YEAR	26. HOUR 6:5
	3. SEX	,	BENJAN	IN 4. RACE	F.	MA:	HEW		eary 10, 1	983	P. M
	J. 3E/	Mai	Le	Whit	te	Feb	DAY YEAR	88	YRS	MONTHS DAYS	HOURS MIN.
78 pe	70. BI	OUNTRY) est Vir	ginia	76. CITIZEN O	F WHAT COUNTRY	8. MARRIE WIDOWE	D NEVER MARRIED	J	recity <u>or</u> coun llegany		MD,
2 de la composition della comp	10. CI	TY OR TOWN OF	DEATH	(IF NOT IN SI	HOSPITAL, NURSI UCH FACILITY, GIVE STREE Orial Hos	NG HOME (T ADDRESS)	OR OTHER INSTITUTION	120. USUAL	OCCUPATION K FOR MOST OF WORKING	LIFE) INDUSTRY	OF BUSINESS OR
and see	13a. S		136 COU	OTHER INSTITUTIO	13c. CITY OR TOV	RE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET		30119	21502
medicol exomine	14. FA	THER'S NAME FIRST /AS DECEASED ET ES, NO OR UNKNOWN	ohn Ma	wpole yhew	LAST		15. MOTHER'S MAIDEN N	Florence	WICOLE	LA	.ST
agrae of the containing principal and please remove corporapopers. The principal common of the corporation o	z	Conditions, if gove rise to couse (o), stunderlying co	any, which immediate total the buse lost.	DUE TO, ((c)_	P14-05-4 er line for ign, (b), of or AS A CONSEQUENCE OR AS A CONSEQUENCE ON TRIBUTING TO	ENCE OF	TRICUL AND GO VAKA NOT RELATED TO THE TEL	AR Vers VOW P	FRILIP FIBRO	APPROVI	AUNATE INTERVAL (ONSET AND DEATH VAS TREAT
shows ony inju	CERTIFICATION	19a DATE OF OPE				H OPERATIO	N WAS PERFORMED	20a AUTO	NO IN CERT	YES, WERE FINDING CAUSES	INGS USED S OF DEATH? NO
Mentol Hygie or Item 18 sho		21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DE	ATH HOUR	OF INJURY A.M. MONTH D P.M.	AY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NA	TURE OF INJURY IN ITEM 1	8 PART 1 OR PART 2)	
oith and M marked or	MEDICAL	21d. INJURY OCC	URRED	21e. PLACI	E OF INJURY STREET, FACTORY, OFFICE,	FARM ETC)	21f LOCATION STREET	2	CITY OR TOWN	COUNTY	STATE
of Health		220 I certify tho	egged live on	itol) amended	the deceased from 19	83/	nd that in (my) our) apinio	n death occurre	on the date and h	, 19 23 , our and from the	, that (IV (we) last e couses stated
toched e Dept. If Item	<	77h SIGNINGE	and .	mo	Done	~	DEGREE PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	27c. DAJE	12/33
with the State		Dr. Jan	es Rave				220. ADDRESS Memo		spital Me	, ,	<i>k</i> ,
± 3 <u>≥</u>		URIAL, CREMATK	ON, REMOVAL	23b. DATE 2-13			Memorial Par	rk Cun	ortown berland	Allegar	
50M 4/82	24 FL	NERAL DIRECTO	lames F	.Scarpe			25e. D	ATE REC'D. BY R	1082		Comila

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	1	FOR		DEPART	TMENT OF H	EALTH AND MENTAL HY	GIENE 8 3	U	67 4
	L	- STATE REGISTRAR				ICATE OF DEATH	REG. N		
4 ME		CEASED NAME FIRST		MIDDLE	L.	AST	2a. DATE OF DEATH	MONTH DAY	YEAR 2b. HOL
design design		ELES		WRIGHT		MCDFRMOTT	FEBRUARY 1		12:2
4 4 m	3. SE		4. RACE		5. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIR	MONTH	S DAYS HOURS
a Dide		emale	Whit		Dec.	13, 1895	87	YRS.	
we the Pog	P	IRTHPLACE (STATE OR FOREIGN COUNTRY) COUNTRY)	u.s.		MARRIED		9. BALTIMORE CITY C	Y COUNTY	DEATH
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requires that the death certificate be executed within 24 has

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the haspital or attending physician.

DHMH - 16 50M 4/ (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletel, filled in by the trishold be detached for use as the burial-transit permit. Then please remove carbon papers: Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

1.	FOR STATE REGISTRAR	DEPAI		EALTH AND MENTAL HYG	REG. NO.	2 9	0 3			
	CEASED NAME FIRST	WIDDLE	l	AST	20. DATE OF DEATH MONTH DA	YEAR 26. H	HOUR			
(TYP	MAUDE MAUDE	SABINE	MCFA	RLAND	FEBRUARY 20, 198	3 5	:46 A			
3. SE	X	4. RACE	5. DATE C	OF BIRTH		FUNDER I YEAR IF UN	IF UNDER 24 HRS.			
	FEMALE	WHITE	MONTH	11 1885	97 YRS.	ONTHS DAYS HOUR	IRS MIN.			
7a. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	RY? 8.	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY C	OF DEATH				
	est Virginia	USA	WIDOWE		ALLEGANY COUNTY,		MI			
	ity or town of DEATH	11. NAME OF HOSPITAL, NUR SACRED HEART			126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Retired R.N.	126 KIND OF BUS INDUSTRY Medic				
USU 13a.	AL RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION, GIVE RESIDENCE BEINTY 13c. CITY OR TO LaVal	OWN	13d. INSIDE CITY LIMITS? YES MO	Stoney Brook	Lane 2/	50:			
14. F.	ATHER'S NAME George	W. MeFar:	land	15. MOTHER'S MAIDEN NA FIRST Margaret	MIDDLE	rismone)			
	WAS DECEASED EVER IN U.S. AR	VE WAR OR DATES)		17 INFORMANT	ADDRESS					
	YES, NO OR UNKNOWN) (IF YES, GI	214-4	6-3132	Doris Kol	lb - same as ab	ove 21	502			
CERTIFICATION	Canditians, if any, which gave rise ta immediate cause (a), stoting the underlying cause last PART 2 OTHER SIGNIFICANT (196. DATE OF OPERATION	DUE TO, OR AS A CONSECTION OF THE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHI	QUENCE OF		IN CERTIFY	WERE FINDINGS U	JSED DEATH?			
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MEDICAL	214 IN JURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI		21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE			
	270. I certify that (I) (this haspital) attended the deceased fram									
-	22d PHYSICIAN'S	The state of	100/	PHYSICIAN [DIRECTOR PHYSICIAN	dry1)			
	WAYNE SPIGGLE		0	BMG, 912 SET	ON DRIVE CUMBERL	AND, MD 2	21502			
	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial				ryCumberland Al		Mb			
	TINERAL DIRECTOR	1E, LAVALE, MD ADDRES	55	25a DA1	TE REC'D. BY REGISTRAR 25 SEGISTR.	AR'S SIGNATURE	ex			

STATE OF MARYLAND

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(VRA 15, 4)

STATE OF MARYLAND

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TO FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and campletely filled in by the funeral dires, should be detached for use as the burial-transit permit. Then please remove carbonoopers. Pages 1 and 2 should be filled within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Hem 21 is marked or Item 1B shows any injury, or other troumatic event, th

STATE OF MARYLAND FOR STATE

Durst Funeral Home, Frostburg, Md. 21532

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR				CERTII	ICATE OF DEATH	0.000	REG. NO.			
1. D	ECEASED NAME	FIRST		AIDDLE		LAST	2a.	DATE OF DEATH MONTH		YEAR	26 HOUR
1	PE OR PRINT)	Georg	e J	L.	Mc L	ackie		February	22,	198	3 1-15
3 S	EX	4.	RACE		5 DATE			GE (IN YEARS LAST BIRTHDAY)	IF UND		IF UNDER 24 HRS.
	Male		White	9	Aug.		A.R	69	RS.	DATS	HOURS MIN.
70	BIRTHPLACE (STATE	DR FOREIGN 76		WHAT COUNTE	RY? 8	NEVED 44 A DDIE	9 B	ALTIMORE CITY OR CO		EATH	
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10_0	CITY OR TOWN OF E				SING HOME	OR OTHER INSTITUTIO	N 120	USUAL OCCUPATION			BUSINESS OR
	Frostbu	ro	332	Bradd		treet	(TY	record for most of work Textile		dustry Cela:	nese
USI	UAL RESIDENCE (IF N	URSING HOME OR OT	HER INSTITUTION	GIVE RESIDENCE BE	FORE ADMISSION)						1532
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	FATHER'S NAME			TTOSU	burg	15. MOTHER'S MAIDE		عرر عرر	.coozi	200	
	FIRST		DIE	LAST		FIRST		WIDDLE	Torr	LAST	
160	George WAS DECEASED EV		D FORCES?	Luck		Mary 17 INFORMANT		ADDRESS	Lew:	13	
	(YES NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES	214-07-					Th		26
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E	Line Labor		100	No. of the J				ES NO	YES	100	NO 🗌
	210. ACCIDENT WAS I		216, TIME OF HOUR A.A	F INJURY M. MONTH	DAY YEAR	21c. HOW INJURY O	CCURRED	(ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OF	PART 2)	
SE	(IF EITHER NOTIFY M		P.A	M.	19						
MEDICAL	21d. INJURY OCCU	JRRED	21e. PLACE C	OF INJURY	CC C.D. 63C.	211 LOCATION		CITY OR TOWN	cc	YINUC	STATE
>	AT WORK AT	WHILE O	(AI HOME, SIKE	CET, PACTORY OFFI	CE PARM, EICT	3,110	0			^ -	
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	sow the dece	osed olive on (did) (did no	son 2	7 019	373.0	nd that in (my) (our) or	pinion deatl	occurred on the date and	d hour ond f		
	77L Sleny ATURE	(did) (did not)	iew the body o	offer deliffi	-	DEGREE	-		12	2c. DATE/S	IGNED /
	1//10	10	List	y	7 5		ING M	EDICAL STAFF RECTOR PHYSICIAN	_	2/2	13/13
1	270. PHYSICIAN'S	NAME (TYPE COLUMN	1	-	0	PHYSICI 22e. ADDRESS	IAN DI	RECTOR PHYSICIAN	1	-1	10)
	6		//				Ten	race, Fros	thur	g. M	id.
	Cha		M.D.					1400, 110	J D WI	0,	
23a.	BURIAL, CREMATIO	N, REMOVAL	23b. DATE	2.	3c. NAME OF C	EMETERY OR CREMAT	TORY 2	3d. LOCATION	8' (71)	41Y	NAME STATE A
	Burial		Feb. 25	183 F	rostb			Frostburg			
74	FUNERAL DIRECTOR	1704				25	DATE DE	O BY PEGISTPAP 26 /PE	CISTRAPIC	SIC OTIL	DE . A

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DHMH - 16 50M 1/81 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

March 2. 1983 SS.Peter & Paul Cen.

CUMBERLAND, MD 21502

108 VIRGINIA AVENUE ASK DATE REC'ELEV BEGISTRAR 250. REGISTRAR 25 IGNATURE

REG. NO 20 DATE OF DEATH MONTH

2b. HOUR

12b. KIND OF BUSINESS OR

IF UNDER 24 HRS

Own Home

21502

APPROXIMATE INTERVAL

6weeks

NO [

STATE

Known

IF UNDER I YEAR

INDUSTRY

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

22c. DATE SIGNED

In.

DHMH - 16 50M 4/82 (VRA 15, 4)

FOR

REGISTRAR

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SCARPELLI FUNERAL HOME

24 FUNERAL DIRECTOR

- STATE

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STATE OF MARYLAND

John W. Helphin, Jr. Frield, Michigan H. William P. MAR 8 1883 Jung Coming

			1-	FOR STATE REGISTRAR		DEPARTA		EALTH AND ME		IENE 8 3	U.	2	9 0 9
				CEASED NAME FIRST		MIDDLE	L	AST		20. DATE OF DEATH		DAY YEAR	2b. HOUR
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rs ofter dec	brified o	51	10. ⊂1	rostburg	11. NAME OF	HOSPITAL, NURSING FACILITY, GIVE STREET	G HOME C	R OTHER INSTIT	UTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST HOUS EWI	ION OF WORKING LIF	12b. KINI E) INDUST	D OF BUSINESS OR RY
hin 24 hours ly filled in b should be fil	must be n	25	USUA 13a S	TATE 1502 136. COU			ADMISSION)	13d. INSIDE CITY		13. STREET ADDRESS	Cash V	ó	21502
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rtificate physici an paper	emovol.			18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI	nly one couse per ED BY: TE CAUSE (a)	CARDIO F		ONARY	FAILU	RE		BETWE	ROXIMATE INTERVAL EN ONSET AND DEATH
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STATE OF MARYLAND

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108 VIRGINIA AVE.

CUMBERLAND. MD 21502

FOR

REGISTRAR

24 FUNERAL DIRECTOR

SCARPELLI FUNERAL HOME

DHMH - 16 50M 4/82

(VRA 15, 4)

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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2b. HOUR

12b. KIND OF BUSINESS OR

Post Office

NO F

21502

IF UNDER 1 YEAR

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Air Drive

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COUNTY

22c. DATE SIGNED

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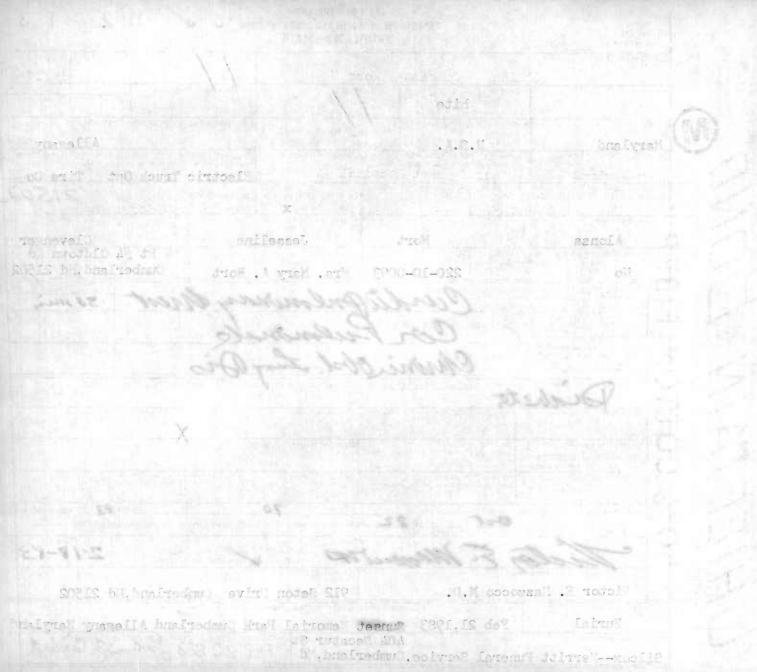
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(VRA 15, 4)

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88		ems #5&16b Film FOR STATE REGISTRAR	G577 3/15/83 re DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 3	0 2 9 1
1, 75		CEASED NAME FIRST NORMA	ALBERTA	MURRAY	FEBRUARY 18	1983 3:20
m	3. SE:		4 RACE WHITE	S. DATE OF BIRTH MONTH MAR 29 1924 YEAR 703	6. AGE (IN YEARS LAST BIRTMDAY) 58 YRS.	IF UNDER 1 YEAR IF UNDER 24 HR
) AAA	70. 81	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?		9. BALTIMORE CITY OR COUNT ALLEGANY	
the factor of the control of the con		TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS) EART HOSPITAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I	12b. KIND OF BUSINESS C
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at OR ATTEN the hospitol AL DIRECTOR letoched for u te Dept. of te		saw the deceased alive on above, (1) (we) (did) tend no 22b. SIGNA	cw the body ofter death.	DEGREE	death accurred on the date and ha	22c. DATE SIGNED 2 - 18-83
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2 6 2 4 3 3		DURIAL, CREMATION, REMOVAL SPECIFY)	23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY HITE OAK CEMETER;	23d. LOCATION	Y SOMERSET CO
DHMH - 16 50M 4/82 (VRA 15, 4)	24. Ft	ICE FUNERAL	HOME: MEYERSD			TRAR'S OGNATURELLE

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- STATE

(VRA 15, 4)

REGISTRAR

I. DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

20. DATE OF DEATH MONTH

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	1 -	FOR STATE REGISTRAR	DEPART	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	0 2	917
8		EASED NAME FIRST	MIDDLE		LAS1	20. DATE OF DEATH MON	NTH DAY Y	YEAR 26. HOUR
0	(OLIVE	MARIE	NES	BITT	FEBRUARY '	18. 198	83 6:25 A M
	3 SEX		4. RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER	
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0	I4 FA	THER'S NAME John	Leasure Leasure		15. MOTHER'S MAIDEN NA	ME MIDDLE	Hami	1ton
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DHMH - 16 50M 4/82 (VRA 15, 4)

Burial BP

23e. BURIAL, CREMATION, REMOVAL 23b. DATE

SNIDER

224. PHYSICIAN'S NAME (TYPE OR PRINT)

23c. NAME OF CEMETERY OR CREMATORY

220. ADDRESS

2455 CUMBERI AND MD 215
23d LOCATION COUNTY STA

COUNTY CUMBERIAND Allegany Md.

Feb. 21,83 Rose Hill Cemetery 250, DATE REC'D. BY REGISTRAR FEB 2 3 1983 24 FUNERAL DIRECTOR DECATOR STREET

KIGHT FUNERAL CUMBERLAND, MD HOME:

FEBRUARY 18, 1981 198	TTIGA	31 31%		HG.
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Nouseville Cun Long		BITRATH GER	SAS	Dominer's and
Thursd Drive, 21502	*	Danizaring	Lagany	daryland Al
Headlensh	onati	Isantro		John

P.M. BOX 1455, CUMBERLAND, NO. 21502

BUTLEL FO. 21,83 Rose Hill CometeryCumberland, Lingary, Nd.

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	(4)	NO. OR UNKNOV		E WAR OR DATES)		-28-99	83A	Edna	Wilso	n	0	umbe	rland			
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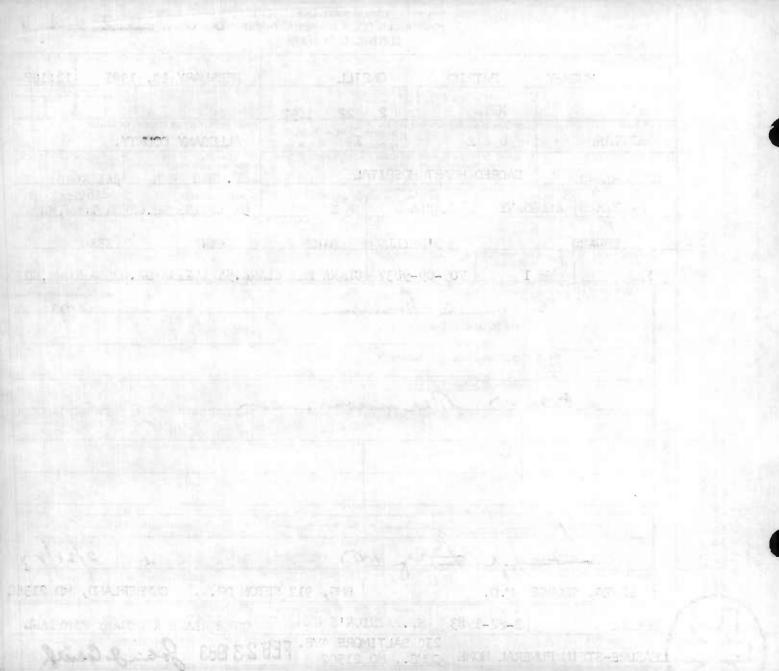
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+1	n	1.	FOR STATE REGISTRAR		DEP	ARTMENT OF	E OF MARYLA TEALTH AND A TICATE OF D	MENTAL HYG	IENE 8 3	10.	0 2	19
(2), (6)	4		CEASED NAME FIRS	17	MIDDLE		AST		26. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
y be	g.		HUGHE	Y	PATRICK	ON	EILL		FEBRUARY	19,	1983	12:10Pm
# mo		3. SE		4 RACE		5. DATE (YEAR	6. AGE IN YEARS LAST BE	RTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
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of di 2 holdi	ار ف		RTHPLACE (STATE OR FOREIG		EN OF WHAT COUNT	TRY? 8.	D D NEVER A	AARRIED 🗆	9. BALTIMORE CITY	_		
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by the fune	52		TY OR TOWN OF DEATH	SA	ME OF HOSPITAL, NU OT INSUCH FACILITY, GIVES CRED HEART	TREET ADDRESS) HOSPIT	OR OTHER INST AL	TITUTION	176. USUAL OCCUPAT TYPE OF WORK FOR MOST RET . B&O			OF BUSINESS OR
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within letely f	June	14. FA	ATHER'S NAME	MIDDLE	LAST	2,01111		MAIDEN NAM	ME		ST - COLOR	
	16		EDWARD	WIDDLE		NETII.	MAR	FIRST	ANN		KEAN	
+ 0			VAS DECEASED EVER IN U.	S. ARMED FO	RCES? 166 SOCIALS	SECURITY NO.	17. INFORMA		ADDR	ESS		
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e				ter anly one co								MATE INTERVAL
phy npa	event,		18 CAUSE OF DEATH (En PART I. DEATH WAS C	AUSEĎ BY: EDIATE CAUS		- Vann	111				2	m
			1579		E TO, OR AS A CONSI	EQUENICE OF		12100		1		0
death ottend ave co tion, c	froumotic		Conditions, if ony, which		(b)	EQUENCE OF						
he o he o emo	1		gove rise to immedia couse (a), stating the		TO, OR AS A CONSE	COLIENCE OF						
that the laby the ease remole, cremo	o to		underlying cause la		(c)	E GOENCE OF						
s of c	, o		PART 2. OTHER SIGNIFICA	ANT CONDITI	ONS CONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	ADITION (GIVEN IN PART 1	a ·
equi	ulory,	NO.	A	SCV	0	7 / 10 /	in.					
beer mit.	à O	CERTIFICATION	190 DATE OF OPERATION	19b.	CONDITION FOR WH	HICH OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?		YES, WERE FINDI	
hos per per per	Z Z	TIF							YES NO		TIFYING CAUSES	NO [
Physical High			21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE LIF EITHER, NOTIFY MEDICAL EX.	OF DEATH HO	TIME OF INJURY DUR A.M. MONTH P.M.	DAY YEAR	21c. HOW IN.	JURY OCCURR	ED (ENTER NATURE OF INJ	JRY IN ITEM I	8 PART : OR PART 2)	
For Service	xed or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		PLACE OF INJURY HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	21f. LOCATIO	N	CITY OR T	OWN	COUNTY	STATE
Or or or se os	E		22a.1 certify that (1) (this	hospital) otte	nded the deceased fro	am		. 19	, to		19	that (I) (we) lost
TEN or or or	2		saw the deceased of obove, (1) (we) (did) (d				nd that in (my)		eoth accurred on the c	date and h		
OR AT PUREC Sched f	E		22b. SIGNATURE	did not) view th	ne body after death		DEGREE				22r. DATE	SYGNED/
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HOSPITAL ned by the FUNERAL old be det on the State	Z		22d, PHYSICIAN'S NAME	THE OWNERS A	y N	0	220 ADDRES	-	DIRECTOR PHYSI	CIAN	- /	1.5
O HOSPI	MPOKIAN		BREZA, GEO	DRCF M	.D.		RMC	012 SET	TON DR. ,	CLIM	REDI AND	MD 2150:
TO HO	¥ -	22-				12. NIA445 OF			236 LOCATION	COM	DEINEMIND,	110 2100
ВР		1	BURIAL, CREMATION, REMO SURIAL			ST . PATR		EM	CUMBER LAN		LEGANY M	
DHMH - 16 50M 4/	82		UNERAL DIRECTOR		ADDRI	Q BALTI		E. TEN	2 1002	REGI	ISTRAR'S SIGNA	URE
(VRA 15, 4)		LE	EASURE-STEIN	FUNERA	L HOME CU	MB., MD	21502	LED	2 3 1983	jou	سي ما	well



	1	FOR - STATE REGISTRAR		DEPARTI	MENT OF	E OF MARYLAND HEALTH AND MENT FICATE OF DEAT		NE 8 3	NO.	0 2	20
		ECEASED NAME PE OR PRINT)	FIRST	WIDDIE		LAST	74 10	0. DATE OF DEATH		DAY YEAR	2b. HOUR
	L		Earl	E.		tterson			2	3 83	9:32 P _M
	3. S	Male	4 RACE Whi	te	5. DATE (02	AGE (IN YEARS LAST:	BIRTHDAY)	MONTHS DAYS	
N)	70.	SIRTHPLACE (STATE OR FOR COUNTRY) Maryland		States	8. MARRIE WIDOWI	D NEVER MARR	RIED '	Allegan	OR COUN	TY OF DEATH	MD.
5/	2 1	rostburg	11. NAME OF	HOSPITAL, NURSIN	IG HOME	OR OTHER INSTITUT	ION I	20 USUAL OCCUPA (TYPE OF WORK FOR MOS Machin	OF WORKING	LIFE) INDUSTRY	OF BUSINESS OR
and be	130.	STATE TY LAND	S HOME OR OTHER INSTITUTION COUNTY ATTegany	13 CITY OR TOW Frostbu	'N	134 INSIDE CITY LI	IMITS?	STREET ADDRESS	117		1532 r urg, MD
Somine Commine	14. F	ATHER'S NAME FIRST Morton	MIDDLE	atterson	1	15 MOTHER'S MA		MIDDLE	I	Bigam "	AST
medical	160	WAS DECEASED EVER IN (YES, NOOR UNKNOWN)	U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	705-10-6		D. Nola	n 48	Tarn Ter	RESS		urg, MD
rs ony injury, or other tr	CERTIFICATION	gove rise to imme couse (a), stofing underlying cause PART 2 OTHER SIGNII 190. DATE OF OPERATION	the last. DUE TO, (c)_	OR AS A CONSEQUE	DEATH BUT	CT		20a. AUTOPSY?	20b. IF Y	GIVEN IN PART 1	INGS USED
9		210, ACCIDENT WAS UNDER	USE OF DEATH HOUR		AY YEAR	21c. HOW INJURY	OCCURRE	YES NOW		YES 8 PART 1 OR PART 2]	NO []
morked or Item	MEDICAL	21d. INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK	D 21e. PLACI	P.M. E OF INJURY STREET, FACTORY OFFICE, F	ARM, ETC)	211. LOCATION STREET	0	CITY OR	TOWN	COUNTY	STATE
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iMPORTANT: If	220		Kim, M.D.	122.	NAME OF C	48 Tar		race Fr	ostbu	rg, MD 2	21532
	230.	(SPECIFY)						CITY OR TOWN	t has a	tounty	STATE
	24.	Burial FUNERAL DIRECTOR	Feb.		rost	burg Mer	250. DATE	RECD. BY REGISTRA	rours	STRAR'S SIGNA	TURE
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William G. Kight, Cumberland, Md.

FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/82

(VRA 15, 4)

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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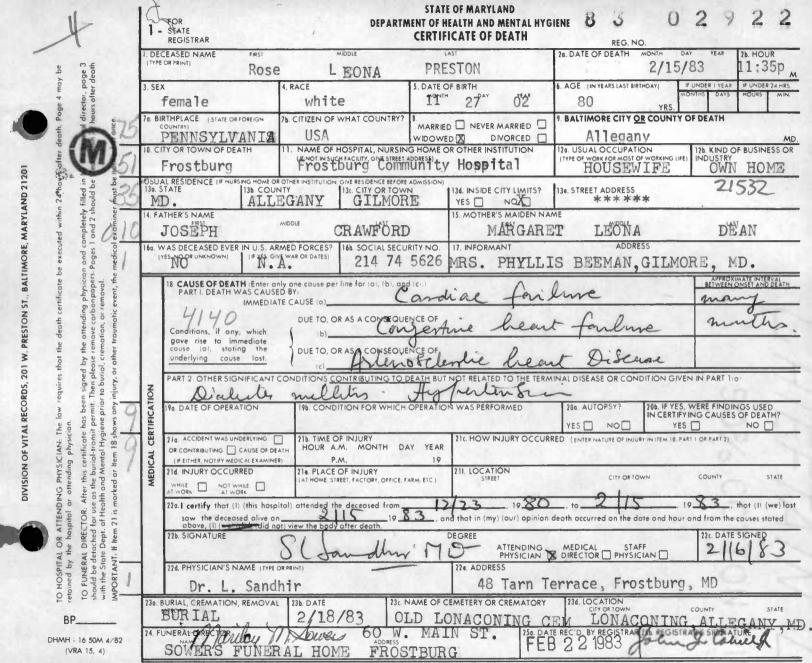
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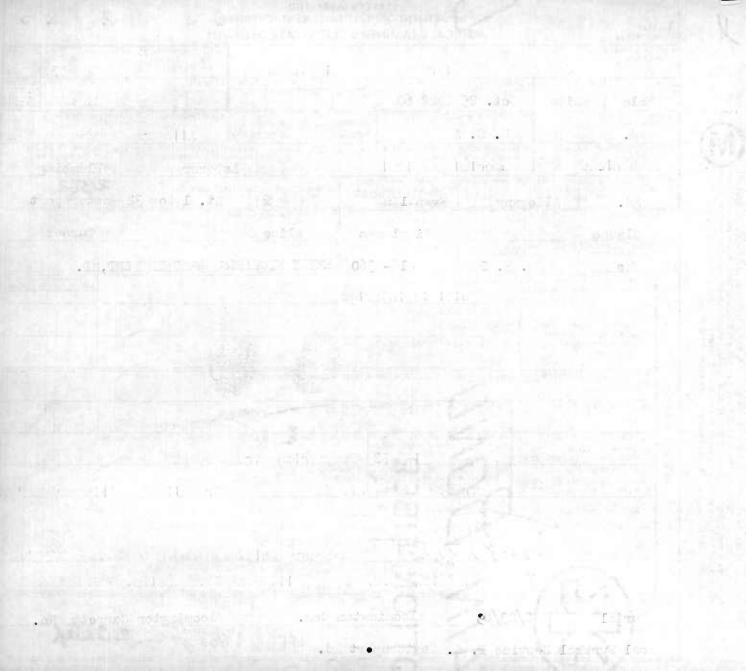
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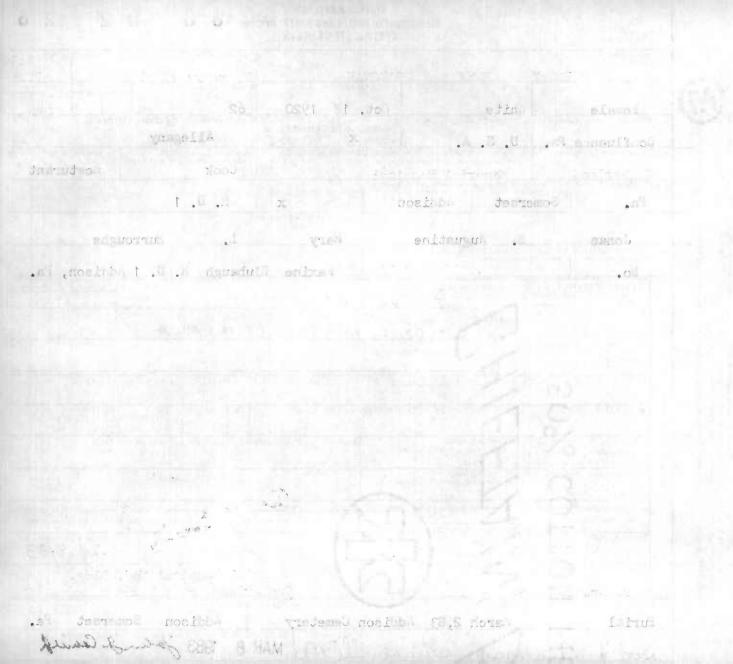
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A		EASED NAME E OR PRINT)	PIRST OHN	W	MIDDLE	RI	CHARDS	Jr.	20. DATE KNOW OF ESTI- DEATH MATER	= Feb	24 YEAR 3	2637 M
250	3. SEX	6.00			931 6. AGE (THOM (YACHT	DER 1 YR. IF UN		2c. DATE PRONOUNCED DEAD	Feb 24	17	2d. HOUR 0637 _M
PW 3. RETAIN PAGE 5 FOR ND 2 SHOULD BE FILED, WITHIN FAULAL RECORDS, 201 W. PRES	FO	RTHPLACE (STATE OF REIGH COUNTRY) STATE OF TOWN OF E	1	76. CITIZEN OF WE	×.	WIDOW		ORCED	Allegan	y		MD.
15/2	Fr	ostburg		Fros the	PITAL, NURSING HO	ity H	ospital	FOR A	JAL OCCUPATION NOST OF WORKING LIFE Driver	(TYPE OF WORK Lum	OR INDUSTR	RY
235	1M&	ry and	136. COUNT Alle	Υ	13c. CITY OR TOW Frostbar	N	13d INSIDE CITY LIMI YES	13e STRI	eet address)4 Upper	Counsel	Rd 2/5	32
0		John AS DECEASED EV	W.	Richard	ds Sr.	IDITY NO	15. MOTHER'S M FIRST F101	rence	MIDDLE	Sne	lson	
NOISION	(YE	Yes	Kore Kore	an War	217-28-	9869			t Richa		rostbu	
GIENE, D		18 CAUSE OF DE PART I DEATH	WAS CAUSED	E CAUSE (a) Ca	far (a), (b), and (c). rdiopulmo AS A CONSEQUEN	nary a	rrest		1117		BETWEEN ONSET	AND DEATH
USED AS A BURIAL - TRANSIT PERMIT. PAGES I AND 2 S OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITAL RIAL, CREMATION, OR REMOVAL.		gave rise	f dny, which a immediate ing the <u>under-</u>	(b) Co	ronary ar	tery h	eart dis	ease			yrs	
REMATIO	NO	PART 2 OTHER SIGNIFI	CANT CONDITIONS C	ONTRIBUTING TO DEATH I	OUT NOT RELATED TO THE	TERMINAL DISEASI	OR CONDITION GIVEN	I IN PART 1 (a).				
OI PRIOR TO BURIAL, CI	CERTIFICATION	19a. DATE OF OP	ERATION	196 CONDIT	ION FOR WHICH C	PERATION W	AS PERFORMED?	·		200	20 AUTOPSY?	NO Ex
OR TO BU		210. EXTERNAL C. UNDERLYING CONTRIBUTING		21b. TIME OF HOUR A.M EATH P.M.		EAR	OW INJURY OCC	URRED LENTER H	NATURE OF INJURY IN ITE	EM 18 PART 1 OR PAI		- ANA
<u>~</u>	MEDICAL	21d. INJURY OCC WHILE NO AT WORK AT	URRED OT WHILE TO WORK	STREET FACT	OF INJURY (AT HOM ORY, FARM, ETC.)		CATION		CITY OR TOWN	COL	UNTY	STATE
TH THE STATE DEPARTED PRICE		220. I certify ded deoth resulted for	1	of the remains described causes	cribed obove, held o	n Autop	sy 🔲, Insp , Hamicide [ection K , Undete	Inquiry X,	and in my ap	ninion	
EATH, W		ACTUAL SIGNATURE	col	Ann		м	DAST. DP	tar	ICAL EXAMINER	DATE SIGNE	2-24-	83
PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: P. AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2	23a. Bl	EXAMINER'S NAM (TYPE OR PRINT) JRIAL, CREMATION PECIFY)					ADDRESS Mem		spital CATION ORTOWN			
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		ECEASED NAM	AE FIRST		WIDDLE	1,15	LAST	2a. C	DATE KNOWN		DAY YEAR	2b. HOUR
Markon	1	YPE OR PRINT)	Jam	nes	Eldredge		Riggleman	D	OF ESTI-	0 2	20 1983	
PEAS FILES HOUR STREET	3. S	EX	4 RACE	IS, DATE OF BIRTH	6. AGE (IN	YEARS IF UN	DER 1 YR. IF UNDER	24 HRS. 2c.	DATE	MONTH	DAY YEAR	2d HOUR 4:35A
SN ST		Male	White			YRS.	HS DAYS HOURS	MIN PRO	NOUNCED DEAD	2	20 1983	#:35A
5 E5 7	7a.	BIRTHPLACE (STATE OR	76. CITIZEN OF WI	HAT COUNTRY?	8. MARR	IED NEVER MARR	IED 9. B	ALTIMORE CITY	OR COUN	ITY OF DEATH	
加州	0	Md.		U.S.	A	WIDOW	VED DIVORC	-27	Allega	any Co	ounty,	MD.
	10.	CITY OR TOWN			PITAL, NURSING HO		IER INSTITUTION	12a USUAL	OCCUPATION (TYPE OF WORK	12b KIND OF E	
30	0	Cumber	land	Memoria	al Hospita	Ĭ		Labo			Plumbin	
HOOLE SCOOL		JAL RESIDENCI	(IF IN NURSING HO	ME OR OTHER INSTITUTION, GI	VE RESIDENCE BEFORE ADMI	SSION)	13d. INSIDE CITY LIMITS?	13e. STREET	ADDRESS		21562	
3 Q J.	5	Md.		llegany	13c CHYSE IGWA Franklin	port	YES NO				esternp	ort
Z :	14.	FATHER'S NAM		MIDDLE			15. MOTHER'S MAIDI		WIDDLE		LAST	
E)/	U	Clau	de	MIDDLE	Riggle	eman	Alice		MIDDLE		Turne:	r
ZO.	160		ED EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)	166. SOCIAL SECUR		17. INFORMANT		ADDRE	SS		
SIC		Ves	OWN) (IF YES, I	W. W. 2	275-76-	1 360	EMILY MIC	HAELS	WESTERN	PORT	.MD.	
2			OF DEATH (Ente	r only one cause per line	far (a), (b), and (c).)				77		APPROXIMA	TE INTERVAL
L R		PARTID	EATH WAS CAL	ICED BY	ultiple in	iuries	30-5-				BETWEEN ON	SEI AND DEATH
ISIT PERMIT. PAGES 1 AND 2 SI HYGIENE, DIVISION OF WALL MOVAL.		8	147	DIAIL CHOSE (0)	AS A CONSEQUENC			4 1 1		TSI-III		
EA H			ons, if any, wh									
USED AS A BURIAL - TRANSIT PER OF HEALTH AND MENTAL HYGIEN IRIAL, CREMATION, OR REMOVAL		couse (c	rise to immedi a) stating the <u>unc</u>		AS A CONSEQUENC	E OF			15277			
N. A.		lying co	use lost.	(1)							No.	
AND		PART 2 OTHER	SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	RMINAL DISEASI	E DR CONDITION GIVEN IN PA	RT 1 (a).				
SA	Z											
HEA L, C		19a. DATE C	F OPERATION	19b. CONDI	TION FOR WHICH OP	ERATION W	AS PERFORMED?				20 AUTOPS	Y?
P. S.	1 1	15.71									YES 😡	NO 🗆
D BC	ARDICAL CERTIFICATION	21a. EXTERN	IAL CAUSE WAS			21c Ho	OW INJURY OCCURRE	D (ENTER NATUR	E OF INJURY IN ITEM	18 PART 1 OR P		
THE STATE DEPARTMENT OF HEAL ONLY		UNDERLYIN	G MOR		MONTH DAY YE		destrian s	truck	ov auto			
PRIC	7	21d INJURY	OCCURRED	21e PLACE	OF INJURY (AT HOME.	21f LO	CATION					
ZO1	2 6	WHILE AT WORK	NOT WHILE	STREET, FAC	rory, farm, etc.)	Rt.	STREET 36		ranklin		Ulegany	STATE
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보다			The state of	harge of the remains de	cribed above, held as				. ,	and in my a	pinian	
PET S		death resu	Ited from	offural causes (1)	Account (A)	Micide	. Hamicide	Undetermi	ned manner	٦,		
3,₹		ACTUAL	1	War K)	7 Just		> TITLE (SPECIFY)	: of		DATE	2/	20 /07
ATH ATH	7	SIGNATUR	74	more	mund.	M	Deputy Ch	1 e MEDICAL	EXAMINER	SIGN	IED	20/83
TIMO	4	EXAMINER'	S NAME	Thomas D.	Smith, M.	.D.	ADDRESS	Penn S	t. Bal	to.,	MD.	
AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2	230	BURIAL CREM	ATION, REMOVA	AL 23b. DATE	23c. NAME OF C		ADDRESS	[23d. LOCA1				
		(SPECHY)		2/23/83			n Cem.	CITY OR TO	oomingt			STATE VIOLE
	24	FUNERAL DIRE					25a. DATE	REC'D. BY REC	SISTRAR 1756 RE	GISTROR'S	MONATURE A	-
MH - 17 15 ME (5))		Boal I	uneral	Service P.	A. Wester	npert	Md. FEB	2 4 198	3 Jon	200	muny	*



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		REGISTRAR			CERTIFICATE OF DEATH	REG. N		
n ε €		CEASED NAME FIRST	,	MIDOLE	LAST	2a. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR 7:5
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E G	3. SE	X	4 RACE		DATE OF BIRTH	6. AGE (IN YEARS LAST BI	IRTHOAY) IF UNDER 1 YEA	
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death. Page uneral direc hin 72		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF		MARRIED NEVER MARRIED		OR COUNTY OF DEATH	
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OR A bolkE Oched Dept		226. SIGNATURE	Low		DEGREE ATTENDIN	G MEDICAL STA	AFF 22c. DA	128/83
			The		PHYSICIA	DIRECTOR PHYS	ICIAN -	28/83
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5 € ± ₹ 3 ₹	23a.	BURIAL, CREMATION, REMO		23c. NA	ME OF CEMETERY OR CREMATO	CITY OR TOWN	COUNTY	_STATE
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DHMH - 16 50M 4/B2	24 F	UNERAL DIRECTOR		40b4ess	1 .00 500 250.	MAR 8 1983	R (5). REGISTRAR'S SIG	ATURE
(VRA 15, 4)		Jon 4. 7/10	wman	, Dran	toulle 7 6.	MAR 8 1983	7	



STATE OF MARYLAND FOR DEMARTMENT OF HEALTH AND MENTAL HYGIENES - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-Feb C. Ernest DEATH MATED Schramm. Jr. 4. RACE 6. AGE (IN YEARS 5. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED Male 21,1907 White 75 YRS DEAD Nov. 19 83 16 TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY MD USA X WIDOWED DIVORCED Allegany 2, AND 3 TO THE PL 3. RETAIN PAGE 5 SHOULD BE FILED AL RECORDS, 201 W O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Cumberland 601 Greene Ret. Accountant Tire Co USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g. STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? 601 Greene St. 21502 Allegany NO [Cumberland 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Emma AND Porter Ernest Schramm 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 21502 DIVISION IYES, NO. OR UNKNOWN No 214-07-0807 Ernest C. Schramm III LaVale 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g). USED AS A CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? MENT OF TO BURIA NO YES BE DEPARTMENT 210 FXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 SHOULD HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f. LOCATION AT WORK NOT WHILE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion deoth resulted from: Hamicide Natural couses Accident/ Undetermined manner 1983 TITLE (SPECIFY) ACTUAL Deputy SIGNATURE Cumberland, MD Francisco Reyes, M. EXAMINER'S NAME D. Scared Heart Hospital (TYPE OR PRINT) 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236, DATE Burial Feb. 18. 1988 Rose Hill Cemetery Cumberland BP 24 FUNERAL DIRECTOR William G. Kight Cumberland, Md. 21502 **DHMH-17** (VR A15 ME (5)) 15M 2/80

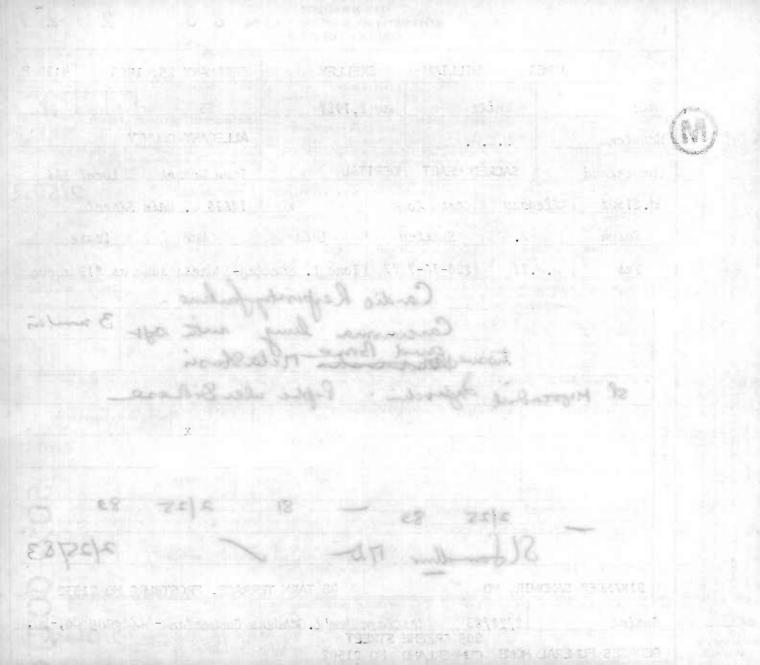
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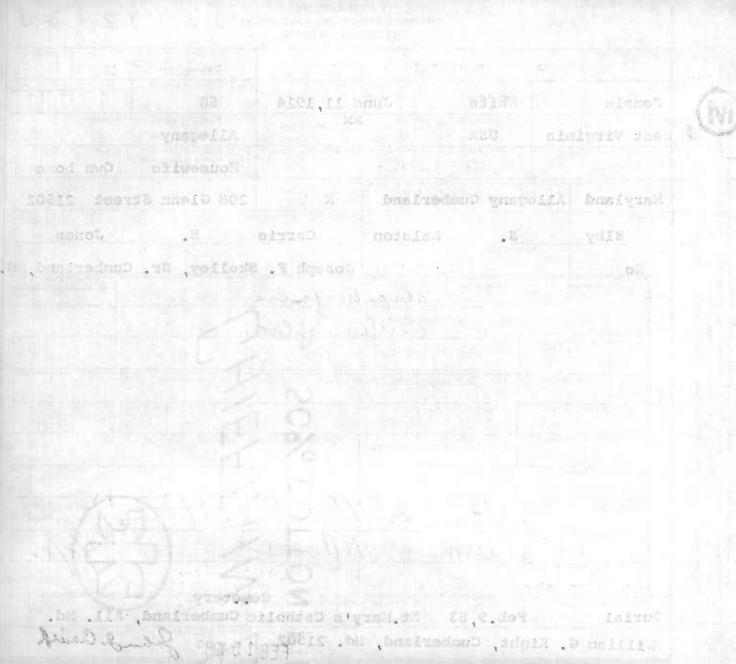
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M	6		RTHPLACE (STATE OR FORE)		OF WHAT COUNTRY?	8.	0/30/87 D Never Married	95 YRS. 9. BALTIMORE CITY OR COUNTY	Y OF DEATH	
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n ond co	medico		VAS DECEASED EVER IN L (ES. NO OR UNKNOWN) (IF	J.S. ARMED FORCES YES, GIVE WAR OR DATES)			John Steve	ADDRESS nson Frostburg I	Md.	AL II
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P D D	11: # #em 2		22b. SIGNATURE	Olan	me M!	0		MEDICAL STAFF	TR. DATE SIC	31420
- · · ·	MPORTANT: # Hem 2		226. SIGNATURE 226. PHYSICIAN'S NAME Dr Chan		y M.	9	PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN D		SINED

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(VRA 15, 4)

STATE OF MARYLAND



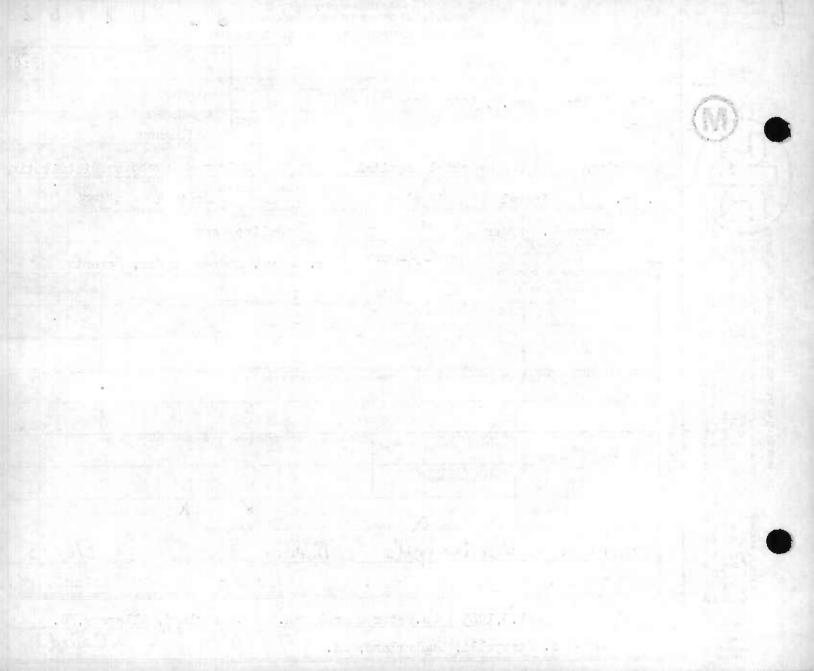
DIVISION OF VITAL RECORDS,

(VRA 15, 4)

STATE OF MARYLAND

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RY, PLEASE DIRECTOR. HOURS HOURS	3. SE	X 4. RACE Male White	5. DATE OF BIRTH MONTH DAY Jan. 9, 1	year 6. AGE (IN Y LAST BIRTH		DER 1 YR. IF UNDER	24 HRS. 2c. DATE PRONOUNCED DEAD	2/6	DAY YEAR	3.41 a 41
	55	OREIGN COUNTRY). aryland	76. CITIZEN OF W	HAT COUNTRY?	8. MARR WIDOW	ED NEVER MARR		_	OF DEATH	MD.
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21201 F ANY DE AND 3 TO RETAIN HOULD B		AL RESIDENCE (IF IN NURSING FOM STATE 136, COL W. Va. M		13c. CITY OR TOWN Ridgeley	51ON}	13d. INSIDE CITY LIMITS? YES NO 🖎	13e. STREET ADDRESS Route	worker 1 26	753-9	9999
E, MD. ATH. II S 1, 2, VD 2 S VID 2 S	9 14.5	ATHER'S NAME FIRST Andrew H	. Snyder	LAST		15. MOTHER'S MAIDI FIRST Made	Ine Peer		LAST	
BALTIMORI S AFTER DE GIVE PAGE ITH FORM PAGES I AN VISION OG		WAS DECEASED EVER IN U.S. A		236-86-82		Mr. & Mrs	ADD Andrew Sny	der, Par	rents	
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ION OF TIFICATE TO THE HOULD I	MEDICAL CE	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE O	F DEATH P.A	A. MONTH DAY YEA A. 19	AR		D (ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PART	2)	
DIVIS HIS CER WRITIN WARDED A GE 3 S A A TE DEP	WED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		OF INJURY (AT HOME, TORY, FARM, ETC.)		CATION TREET	CITY OR TOWN	COUN	4TY	STATE
DIVISION OF VITAL R TO MEDICAL EXAMINER: THIS CRITIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD'P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR, FAGE SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 2) 201 PRIQR TO BURIAL,	19	22a I certify that I taok cho	rge of the remains de tural couses []. Mai	L/CX.	Autop uicide	Homicide TITLE (SPECIFY)	Undetermined monner	ond in my opin DATE SIGNED	-11/	83
MEDIC KECUTE T AGE 4 SI PENDER FTER DEA	2	EXAMINER'S NAME GIOT				ADDRESS	Seton Drive	∍-Cumb∈	rland	, Md.
CICA CBP.C		BURIAL, CREMATION, REMOVAL Burial	Feb. 9, 198	23c. NAME OF CE		Paul Cem.	23d LOCATION CITY OR TOWN Cumberland			ATE
DHMH-17 (VR A15 ME (5))	24.	UNERAL DIRECTOR James F	. Scarpell	i, Cumberl	and,	Md. FEE	REC'D. BY REGISTRAR (15)	- hud	Court	



Greene Street-Cumberland, Maryland

(VR A 15 (4))

STATE OF MARYLAND

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3	1	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	7 3 a
AR.		ECEASED NAME FIRST	MIDDLE	LAST	28. DATE OF DEATH MONTH DAY	YEAR 2b. HOUR
6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		CLYDI	STANLEY	TAYLOR	FEBRUARY 20, 1983	6:00 Am
	3. SE	X	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UND	ER I YEAR IF UNDER 24 HRS
oge 4 urs of	L	Male	White	7 4 1916	66 YRS.	
orh. Po	7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DE	
he funer within 7	110.6	Marinand ITY OR TOWN OF DEATH	USA	WIDOWED DIVORCED DIVORCED DIVORCED	ALLEGANY COUNT	
by the filed will	Cu	mberland	(IF NOT IN SUCH FACILITY, GIVE STREET SACRED HEA	ART HOSPITAL		KIND OF BUSINESS OR DUSTRY
filled in ould be	1000		ROTHER INSTITUTION. GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW BOWLING	134. 11 300 2 311 1 2111113.	130 STREET ADDRESS 12718 Bowling Street	et 2/502
MARYLAND ed within 24 mpletely fille ond 2 should	14. F	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA		LAST
	1		rence Taylo		Ann De	eberru
BALTIMORE, cote be execut ysicion and co papers. Pages 1 vol. vt, the medical	16a	WAS DECEASED EVER IN U.S. AF	VE WAR OR DATES	IRITY NO. 17. INFORMANT	ADDRESS	
TIMO S. Poo		YES NO OR UNKNOWN) (IF YES GI	YE WAR OR DATES) 214-05-6	795 Marion Taylo	rl Same As Item 13e	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
es that the death cres that the attending please remove corburial, cremation, or y, or other troumatic		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUI	ENCE OF	NINAL DISEASE OR CONDITION GIVEN IN	PART 1(a
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ALREC The low cion. e hos b e hos b giene pr gjene pr	CERTIFICATION	2/10/83	Promosco	ey - cunb-ca	YES NOW YES	CAUSES OF DEATH?
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DIVISION OF VITAL RECORDS, 201 ING PHYSICIAN: The low requires the cattending physician. After this certificate has been signed but she burial-transit permit. Then pleas the and Mental Hygiene prior to burial, arked or frem 18 shows any injury, are	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OPFICE, F	ARM ETC) 21f. LOCATION STREET	CITY OR TOWN CO	DUNTY STATE
TENDIN Intol or IOR: Af For use or or use or		sow the deceased alive as		774 29 19 83 P3 , and that in (my) (our) opinion	death occurred on the date and hour and the	, that (I) (we) last
AI OR AI v the hosp v the hosp AI DIRECT detached f detached f it f them it		abave; (I) (we) (did) and no	Otell	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	2/24/23
TO HOSPITAL eroined by the TO FUNERAL should be detained by with the Store		22d. PHYSICIAN'S NAME (TYPE)	ORPOUNTS BEHOUNEL, 1	BMG 912 SET	TON DRIVE, CUMBERLAN	D,MD 21502
	230.	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN COUN	
BP		(SPECIFY)	2-23-83 Su	nset Memorial Park	Cumberland Allega	
DHMH - 16 50M 4/B2			wrch202 GREEN STI		E REC'D. BY REGISTRAR 256. REGISTRAR'S	SIGNATURE
(VRA 15, 4)	G	ORGE FUNERAL H	OME: CUMBERLAND,	MD 21502	V. e o	Ciril

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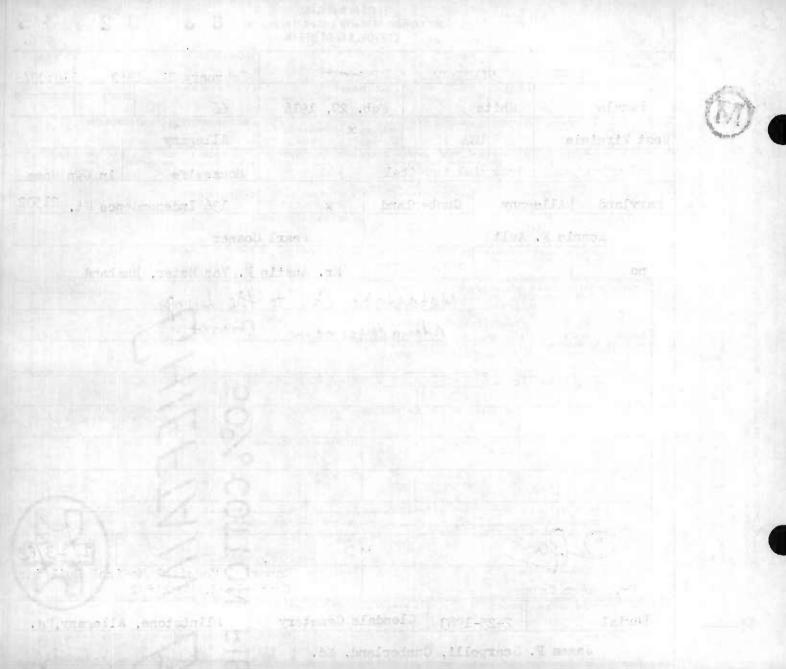
FOR

- STATE

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	STATE REGISTRAR		DEI ARTH	CERTIF	ICATE OF DEATH	8 3 REG. N	. 0	2	3 6
			FIRST	MIDDLE		AST	20. DATE OF DEATH	MONTH DAY	Y YEAR	26. HOUR
	(ITPE	OR PRINT)	MAE		VINC:		FEBRUARY 1	1. 1983		1:20P M
	3. SEX	X .	4 RACE		S. DATE O		6. AGE (IN YEARS LAST BI		UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
		FEMALE	- W	HITE	MAY	6 1921	61	YRS.		
	A Bi	RTHPLACE (STATE OR FOR	FIGN 76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D WEVER MARRIED	9. BALTIMORE CITY	OR COUNTY O	FDEATH	
S		XKAKXØ MD			WIDOWE	DIVORCED	ALLEGANY	COUNTY		MD
2	CU	TY OR TOWN OF DEATH MBERLAND	(IF NOT IN SU	CH FACILITY, GIVE STREET	HOSP:	OR OTHER INSTITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST	ION OF WORKING LIFE)	126. KIND C INDUSTRY PROCE	SSING
7	USU/ 430. S	AL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION b. COUNTY	GIVE RESIDENCE BEFORE	UN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS.	BOX 21	1 99	999
	14. FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	WE		14	SI
3		AUSTIN		MILLER		ALICE	mode		SNYDE	R
>		VAS DECEASED EVER IN	U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES)	166. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR	ESS		
5		(ES, NO OR UNKNOWN)	IF TES, ONE WAR OR DATES	215 14 6	344	SAMUEL VINCI	BOX 211	CHEERY	RUN, I	WV.
	NOI		diote the lost. (c)	RAS A CONSTOLLE	chi	NOT RELATED TO THE TERM	MIN AL DISEASE OR COM	3C,	I IN PART II	01
7	CERTIFICATION	190 DATE OF OPERATIO	IN IN COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NOTE	20b. IF YES, V IN CERTIFYII YES	VERE FINDI NG CAUSES	NGS USED S OF DEATH? NO []
3		210. ACCIDENT WAS UNDER		OF INJURY	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART 2)	
7	CAL	(IF EITHER, NOTIFY MEDICAL	SE OF DEATH	.M.	19					
	MEDICAL	21d. INJURY OCCURRED	(AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC)	21f LOCATION STREET	CITY OR TO	NWN	COUNTY	STATE
		22a.l certify that (I) (th	ns hospital) attended t	e deceased from_	Ju	n 2/ 19 8	3, to Fre	1 19	83	that (1) (we) lost
		sow the deceosed obove, (I) (we) (did	olive on	diter death.	3.0	nd that in (my) (our) opinion	deoth occurred on the d	ote and hour o	nd from the	couses stoted
		276 SIGNATION	261	2	R	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	SIGNED
2		THE PHYSICIAN'S NAM	E (TYPE OR MINH	10	1	ADDRESS				
		SHIN KIM.	M.D.		/	90 MAIN STRE	FET WESTERN	PORT M	D 215	52
		BURIAL, CREMATION, RE	MOVAL 236. DATE	23/ N	AME OF	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
	L'	BURLAL	2/14/	1837 ILA	UREL	HILL CEMETERS				

DHMH - 16 50M 4/B2 (VRA 15, 4)

BOALS FUNERAL HOME: WESTERNPORT, MD 21562 FEB 1 8 198?

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4		1.	FOR STATE REGISTRAR	DEPARTA	NENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH		2 9 3 7
			CEASED NAME FIRST	MIDDLE	LAST	REG. NO. 20. DATE OF DEATH MONTH D.	AY YEAR 2b. HOUR
nay be page 3		(TYP	LAWRENCE W	ILLIAM VONHAGE	L	FEBRUARY 21, 19	83 12:27Bu
may , pa		3. SE	X	4. RACE	5. DATE OF BIRTH		FUNDER I YEAR IF UNDER 24 HRS
ge 4			Male	White	June 5,1908	74 YRS.	ONTHS DATS HOURS MIN.
deoth, Poge	1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
de of	13	>	Maryland	U.S.A.	WIDOWED K DIVORCED	ALLEGANY COUNTY,	MD
rs ofter o	5		Cumberland	SACRED HEART H		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Auto Mechanix= 3	126. KIND OF BUSINESS OR INDUSTRY Celanese Fibe
filled in	183	13a.	STATE 18 COUN	other institution give residence before TY 130. CITY OR TOW Cral Ridgel	ADMISSION) N 13d. INSIDE CITY LIMITS? YES XX NO	136 STREET ADDRESS Route 2, Box 1	1 79999
conted within	29	14. F		itman VonHa	gel Emma	wilhemenia	Scheafer
on and co	Sedicol Sedicol		VAS DECEASED EVER IN U.S. ARA yes, no or unknown) (14 yes, Give NO	MED FORCES? 166. SOCIAL SECU 213-03-0		-Rt. 2, Box 11, R	lidgeley, W.Va
quires that the death certificate signed by the attending physici hen please remove carbon paper to burial, cremation, or remaval.	njury, ar ather traumatic e	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO 1	justech	INAL DISEASE OR CONDITION GIVE	N IN PART 1(0)
he law re an. has been is permit. I	ows only	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, IN CERTIFY YES NO YES	WERE FINDINGS USED ING CAUSES OF DEATH?
4 4 4 5 5	em 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT		21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT OR PART 2}
dG PHYSIC ottending ter this cert is the burial	rked or h	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the should be detached for use as the burical-transit permit. Then please remove carbon papers. Pages 1 and 2 should be that the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or remayal.	ORTANT: If Hem 21 is mo		220. I certify that (I) (this hospit saw the deviaced alive on above, (I) (Mr.) (did) (did not 1776. SIGNATURE THE PHYSICIAN SNAME (APR ON GEORGE BREZO	Dryn	22e ADDRESS	to	2/22/3
10 To show	₹	23o.	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	, 1022302
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DHMH - 16 50M 4. (VRA 15, 4)	/82		UNERAL DIRECTOR	AL HOME202 GREEN	CUMB MD 250 PAT	FRES D. BY BEGISTRAN AL REGISTR	ARESIGNALIE A

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medical

injury, or ather traumatic event, the

IMPORTANT: If them 21 is marked or them 18 shaws any

STATE OF MARYLAND

	1-	STATE REGISTRAR		PETARTIV	CERTIF	ICATE OF DEATH	REG. NO.		
		CEASED NAME FIRST		MIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
	(IAME	RAYMOND	ELLSW	ORTH WAG	NER		FEBRUARY 14,	1983	6:33 AM
	3. SEX	(4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
		Male	White		Se.	pt 12 1911	71 Y		S HOURS MIN.
5		RTHPLACE (STATE OR FOREIGN	1100000	WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY OR COU		
1	_	Penna	U.S	5.A.	WIDOW		ALLEGANY COU	NTY,	MD.
9	10 CI	TY OR TOWN OF DEATH	11. NAME OF I		ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Tire Inspect	NG LIFE) INDUSTR	of BUSINESS OR
7	USU A 130. S	AL RESIDENCE (IF NURSING HOME OF	NTY	13c. CITY OR TOW	N	134. INSIDE CITY LIMITS?	13e. STREET ADDRESS		2/502
J		yland Alle	gany	Cumberl	and	YES NO 15 NO 15 NOTHER'S MAIDEN NA	533 Columbia	Avenue	
	14. FA	THER'S NAME FIRST William	MIDDLE H	Wagn	er	Etta	A MIDOLE		Reese
		AS DECEASED EVER IN U.S. AR	MED FORCES?	166. SOCIAL SECU		17 INFORMANT	ADDRESS53	3 Columb	ia Ave
	(4	Yes WWI	VE WAR OR DATES)	214-07-6	291	Bryan L. Wag	ner Cumber	land, Md	21502
		18 CAUSE OF DEATH (Enter of	nly one cause per	line for (a), (b), one	d (c).)				DXIMATE INTERVAL N ONSET AND DEATH
		PART I. DEATH WAS CAUSI		Lisho.	WISC	ocity sul	udrous		
		2030 IMMEDIA	TE CAUSE (o)	11/1					
		Conditions, if any, which	DUE 10, O	R AS A DONSEOUE	NCEOF	hollible	MATER HER		
		gove rise to immediate	(6)	ac VIVI					
		cause (a), stating the underlying couse lost.	DUE TO, O	R AS A CONSEQUE	NCE OF				
		PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART	1/0
	N								
	Ā	190. DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		FYES, WERE FIND	
	F	No. of the Control of					YES NO	ERTIFYING CAUSE YES	NO [
	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216. TIME C		WE: 5	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEA	A 18 PART I OR PART 2])
		OR CONTRIBUTING CAUSE OF DE	AIR	.M. MONTH DA	AY YEAR				
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY		21f. LOCATION	CITY OR TOWN	COUNTY	STATE
	ME	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CHYOKIOWN	200111	JIAIL
		22a.1 certify that (1) (this hasp	-			2-11 1987		19.87	, that (I) (we) last
		sow the deceased alive or above, (I) (we) (did) (did in	ot) view the body	after death.	- \$-, 0	nd that in (my) (our) opinion	deoth occurred on the date and		
	. 4	22b. SIGNATURE	100			DEGREE	MEDICAL STAFF _	22c. DA1	TE SIGNED
			1 VI	1 hay	40	14-0 ATTENDING PHYSICIAN	MEDICAL STAFF] 2-	14-83
	1	22d PHYSICIAN SMAME	Catana			720. ADDRESS			
		JOHN MEHANNA,	M.D.			909-B SETON	DRIVE, CUMBERL	AND, MD	21502
		BURIAL, CREMATION, REMOVA		23c. N	NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
	((SPECIFY)							

DHMH - 16 50M 4/82

BP.

(VRA 15, 4)

Burial
24 FUNERAL DIRECTOR NAME

404 DECATUR ST.

250 DATE REC'D. BY REGISTRAR POREGISTRAR'S SIGNATURE FEB 1 7 1983 John & Comi

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contrat overesta live	5 CALL 16 1-606	1.00	
Mail Trail ; regalia ansimodent	Trace (more table	ENR. 16.1983	States.

LAST Nellie Wagner, Oldtown. APPROXIMATE INTERVAL Bullous Emphypeona + C.O.P.D. Severe RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/2 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated should be detained with the State L PHYSICIAN TO DIRECTOR PHYSICIAN MPORTANT 69 Greene St., Cumberland, MD 21502 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) CITY OR TOWN Burial BP Davis Memorial Cem Cumberland. Allegany Md 24 FUNERAL DIRECTOR 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S DHMH - 16 50M 4/82 NAME James F. Scarpelli, Cumberland, Md. (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2h HOUR

126. KIND OF BUSINESS OR

Railroad

IF UNDER 1 YEAR

INDUSTRY

5:45

IF UNDER 24 HRS

20 DATE OF DEATH MONTH

- STATE

(TYPE OR PRINT)

REGISTRAR

I. DECEASED NAME

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(VRA 15, 4)

STATE OF MARYLAND

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completely filled in by the funeral director, page 3 i 1 and 2 should be filed within 72 hours after death

after death. Page

executed within 24 hours

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REC	SISTRAR				CEKITE	ICATE OF	DEATH		REG.	NO.				
	1. DECEASED NAME FIRST		FIRST	,	AIDDLE	i	AST		2a. DATE C	OF DEATH	MONT	TH DA	YEAR	26 HOUR	-
	(TYPE OR PR	INT)	JOHN		EDWARD	W	ELLER		FEBR	UARY	3,	1983		10:50 N	A
	3. SEX		- 4	. RACE		5. DATE C			6. AGE (IN	YEARS LAST	BIRTHDAY)		FUNDER I YEAR		_
		Male	75	Whi	te	Dec	c. 27,]	.900		82		YRS.		HOURS MIN.	
1	Ta. BIRTHP	LACE (STATE OF	FOREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER	MARRIED T	9 BALTIM	ORE CITY	OR CO	UNTY	OF DEATH		
5		aryland		USA		WIDOWE		IVORCED [A	LLEG/	MY	COUN	ITY	MD	
1	OTE S	umberla	1 19	HE NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET RED HEART	ADDRESS)		TITUTION	120. USUA: (TYPE OF WO	ORK FOR MOS		₹KING LIFE)	INDUSTRY	tile	
2	USUAL RE 13a. STATE	SIDENCE (IF NUR	13b. COUNT	OTHER INSTITUTION.	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Cumber:	Ν	13d. INSIDE (NO I				ıller	ZI; n High	502 way	
5	14. FATHER	FIRST	uel J.	Weller	LAST		15. MOTHER	S MAIDEN NAME FIRST Rhoda		MIDDLE th			LA:	ST	
		DECEASED EVEL	R IN U.S. ARM	NED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORM				DRESS		Daug	hters	-
	(TES. NC	DOR UNKNOWN)	(IF TES, GIVE	war or Dates) 214-07-2164 Wanda Sherman & Kathleen Whe							Whe				
	Co go cou uno	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN									IMATE INTERVAL ONSET AND DEATH				
7	CERTIFICATION 130° (DATE OF OPERA	NOITA	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	200 AU	TOPSY?	IN		_	NGS USED S OF DEATH?	
}	OR C	2]a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		HOUR A.M. MONTH DAY YEA				RED (ENTER NATURE OF INJURY IN ITEM 18, PART			RT 1 OR PART 2)	I OR PART 2)			
		INJURY OCCUP	WHILE [7]	(AT HOME, STR	OF INJURY BEET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATI	T .		CITY OF	RTOWN		COUNTY	STATE	
		220.1 certify that (I) (this hospital) attended the deceased from 19-12, 19-22, to 2-3, 19-15 sow the deceased blive on 7-3, 19-15, and that in (my) (our) opinion death occurred on the date and hour and above, (I) (we) attended to the body after death.									and from the				
		SIGNATURE	1	Nolawan			DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN				276. DATE SIGNED 2-7-83.		_		
	4	PHYSICANS					909-B SETON DRIVE, CUMBERLAND, MD. 21502								
-		OHN MEH			192.	LAME OF C		CREMATORY		CATION	/IBER	LAND	, MD.	21502	=
	(SPECII	Burial	i, REMOVAL	Feb.6				m.Garde	CI	TY OR TOWN	le,	A11	egany.	Md .	
											1.00				-

DHMH - 16 50M 4/82 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR:

IMPORTANT: If them 21 is marked or Item 18 shows any

FUNERAL HOME

108 VIRGINIA AVE. CUMBERLAND, MD. 21502

250 DATE REC'D. BY REGISTRAR AT REGISTRAR'S SIGNATURE FEB 9 1983

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1 XI		REGISTRAR	MEI	DICAL EXAMINER			
2000		CEASED NAME FIRST LEONARD	LAWRENCE	WELSH	LAST	OF ESTI-	-13 19 83 1417 _M
and a state of the	3. SE	M 4. RACE	5. DATE OF BIRTH MONTH DAY 5-13-27		MONTHS DAYS HOURS	R 24 HRS. 2c. DATE MOI MIN PRONOUNCED DEAD 2-13-	NTH DAY YEAR 24. HOUR
	7a. B	IRTHPLACE (STATE OR DREIGN COUNTRY)	76. CITIZEN OF WH	HAT COUNTRY?	MARRIED NEVER MAR	RIED . 9. BALTIMORE CITY OR CO	
RE, MD. 21201 EATH, IF ANY DELAY IS FES 1, 2, AND 3 TO THE FU N PM 3. RETAIN PAGE AND 2 SHOULD BE FILED AND 1 STATE RECORDS, 201 W		Cumber land	11. NAME OF HOS (IF NOT IN SUCH FAI	PITAL, NURSING HOME, OF CILITY, GIVESTREET ADDRESS) Orial Hospita	OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF W. FOR MOST OF WORKING LIFE) Laborer	ORK 12b. KIND OF BUSINESS OR INDUSTRY Salvage Co.
AND 3 RETAIN RECORD	13a. S	AL RESIDENCE (IF IN NURSING HOME TATE ALCOU!	or other institution, given NTY gany	13c. CITY OR TOWN Cumberlar	13d. INSIDE CITY LIMITS? YES X NO	302 Waverly Terr.	(North) 21502
BALTIMORE, MD. 21201 S AFTER DEATH. IF ANY GIVE PAGES 1, 2, AND TITH FORM PM 3. RETA PAGES 1 AND 2 SHOUL WISION OF VITAL RECO	14. F.	ATHER'S NAME FIRST Milto	LAST				
BALTIMORE, A URS AFTER DEATH URS AFTER DEATH B. GIVE PAGES 1 T. PAGES 1 DIVISION OF WITH	16a. \	VAS DECEASED EVER IN U.S. AF ES, NO, OR UNKNOWN) (IF YES, GIV	RMED FORCES? E WAR OR DATES)	218-22-5854		elyn Gray, Cumberla	and, Md. Sister
PRESTON ST ITHIN 24 HOU CIL IN ITEM 11 VER ALONG WALHYSTEPRMI ALHYSTERMI REMOVAL.		18 CAUSE OF DEATH (Enter a PART I DEATH WAS CAUSI IMMEDIA Canditions, if any, which gave rise to immediat cause (a) stating the under lying cause last.	ED BY: ATE CAUSE (a) DUE TO, OR (b) DUE TO, OR	for (a), (b), and (c).) Cardiac arr AS A CONSEQUENCE OF entricular fi AS A CONSEQUENCE OF Coronary arte	brillation	sease	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Thr Thr
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IDN OF THE WASTANEN	MEDICAL CER	21a EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF		MONTH DAY YEAR	TIC HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY IN ITEM 18 PART)	
DIVIS DIVIS DIVIS THIS CER THIS	ME	WHILE NOT WHILE AT WORK		ORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
DIVI TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDEE TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P		270 certify that I took char death resulted from: National Signature EXAMINER'S NAME DOLLARS	rge of the remains described by the remains de	content Daye, held an Accident Day, Suicide		Undetermined manner ,	ny apinian ATE IGNED 2-13-83
TO ME EXECU PAGE TO FU AFTER BALTIN	23a.B	(TYPE OR PRINT) Paul	L Snow M	Las. NAME OF SEMEN	ADDRESS Memo Y	rial HOspital	COUNTY STATE
BP	24 F	Burial UNERAL DIRECTOR	2-17-198 2-170198	Greenmour			
DHMH - 17 (VR A15 ME (5)) 15M 2/80	-	James F	Scarpell:	i. Cumberland	.Md. FEI	3 1 8 198? Julian	I Could

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LAVALE, MD 21502

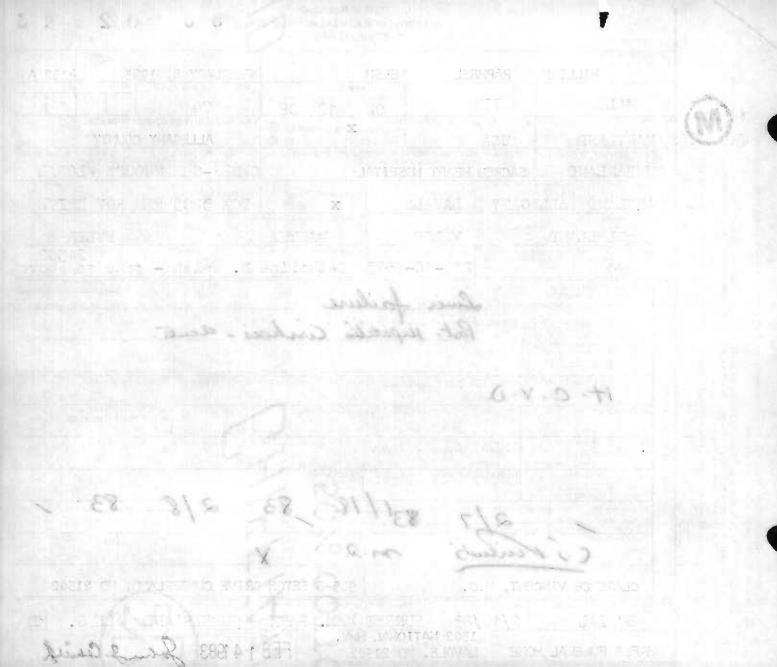
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

(VRA 15, 4)



Apry Manrian Pob. C. 1903 ... Total of 1000. A 1000. . 51 Cunberland 21 weber St. . . Louseville Our Lone Louis V. Bartlett Drie L. Lellott 213-4-1862 Robert A. Manrich, Edramoro, El.

Courser Land, Md. 21502

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BALTIMORE	exec ond oges	dice		VAS DECEASED EVER I	(IF YES, GIVE W		160 SOCIA	AL SECURITY NO.	17 INFORMANT				100
M.	on of se	e m	_	No		-	13/3-	14-5670	Maxine	Martin	Cum	berland	
BA	rote	nt, th		18 CAUSE OF DEATH. Enter only one couse per line for (o), (b), ond c PART I. DEATH WAS CAUSED BY:									
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RESI	decatte	rous		Conditions, if ony, gove rise to imm		(b)_			exelval.	anoxia			
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